

Clay Center Family Physicians Payment Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. This is intended to briefly explain patient and insurance responsibility for services rendered and to provide assistance in making your experience with our facility as pleasant as possible. Please read it, ask us any questions you may have. A copy of this policy will be provided to you upon request.

1. **Self-pay (no health insurance coverage) Patients.** We offer self-pay patients a 20% discount on total charges incurred at CCFP that are paid in full at the time of the service, after filling out and signing our “No Health Insurance” form. The discount is available only on the actual date of service and is void if the charges are paid for with a check that is subsequently returned by your bank as being non-payable. At that time, we will reverse the discount amount and charge your account our \$30 returned check fee as well.
2. **Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don’t have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
3. **Co-payment.** All co-payments *must* be paid at the time of service. This arrangement is part of *your* contract with your insurance company. Failure on our part to collect co-payments from a patient can be *considered fraud*. Please help us uphold the law by paying your co-payment at each visit.
4. **Non-covered services.** Please be aware that some – perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary to Medicare or other insurers. You must pay for these services in full at the time of the visit.
5. **Proof of insurance.** All patients must complete our patient information form before seeing a provider. We must obtain a copy of your current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of the claim.
6. **Minor children/divorced families.** Charges for any minor child(ren) of divorced parents will be billed to the primary custodial parent. It is the custodial parent’s responsibility to insure that the account remains in a current status. Whether that be to pay their portion and inform the non-custodial parent their balance; or to pay the account in full and collect the amount from them. It is not within our billing system to “divide” the charges of any patient into separate accounts. Any agreement within the divorce decree is between the two parties legally bound by that agreement.
7. **Minor patients.** The adult accompanying a minor is responsible for payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized.

8. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility, whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
9. **Information changes.** If your insurance, address, or phone number changes, please notify us before your next visit so we can make the appropriate changes to your account. We will require you to update your information forms during your next visit any time there is a change or every 3 (three) years in order to keep our records current.
10. **Cash-only policy.** A monthly payment is required on all accounts not paid in full at the time of the office visit. If you do not make arrangements for payment of your unpaid balance, your account status will be cash-only, and payment must be made prior to receiving care from our medical providers. Once your account is paid in full, these conditions may be reviewed and changed.
11. **Non-payment.** If your account is over 90 days past due, you will receive a letter stating that you have 14 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency, at that time, your account will be put on a cash-only basis and payment must be made prior to receiving care. You and your immediate family members may also be discharged from this practice. If this is to occur, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30-day period, our providers will treat you on an emergency basis.