

## Midway Medical Center Family Practice Financial Policy

### Insurance Participation

We have contracts with and file claims for the following insurance companies: Aetna, BCBS, CIGNA, Humana, MedCost, Medicaid, Medicare, State Health Plan, Evercare, AARP Medicare Complete, and United Healthcare. We will file claims for other plans and patient is responsible for the bill at the time of service

### Third Party Payers

We do not file claims with third party payers for motor vehicle or other accidents. We will file regular medical insurance if we participate and bill you according to insurance instructions.

### Eligibility Information

Our front staff will attempt to access eligibility. We will also verify your insurance and scan your insurance card(s). If you do not have current insurance information, you will be required to pay for the services rendered and file your claim to receive reimbursement.

### Claim Filing

We will file claims for you and one secondary payer. We accept the contractual write-off based on your primary insurance if we participate with the plan. Once we have received instructions from your insurance company, you will receive a bill for any outstanding balance determined by them to be your responsibility.

### Keep us informed

Most often errors in billing and claims payment are related to incorrect information. Please update us with name, address, phone number and insurance information changes. **We cannot file a claim after 120 days past the service date. So please be sure we have your correct insurance information.**

### Payment

We accept, Cash, Visa, Master Card and debit cards. All payments for service are due on the day the service is provided.

### Co-Pays

Many plans require the patient pay co-pay at each visit. We are bound by our contracts with insurance companies to collect that co-pay at the time we render service. In keeping with our contracts, we will collect your co-pay when you check-in. **If your co-pay is not paid by check-out on the day your services are rendered, a fee of \$10.00 will be added to your account.**

### Co-Insurance and Deductibles

To avoid collection issues and increased billing, we will collect any percentage co-insurance or deductibles not met at the time of service. These amounts are calculated based on our negotiated fee schedule with the insurance company.

### No-Shows/Cancellations

If you must cancel your appointment, please do so within 24 hours of the scheduled time.

The following fees apply to no-show visits:

1<sup>st</sup> =no charge

2<sup>nd</sup> =\$25 charge

3<sup>rd</sup>=dismissal from the practice

### Small Balances

You will not receive bills for balances less than \$5.00. However, we will notify you on your next visit of the balance.

### Returned Checks

We will issue a charge a \$25.00 for each returned check. Patients who have written more than one returned check will be required to pay by cash for any future visits.

### Delinquent Accounts

We will send two statements and one follow-up letter to collect outstanding balances. Failure to pay your balance after the issue of the collection letter, results in termination from the practice. Therefore, we will no longer offer medical care until the balance is paid in full.

### Charge for Medical Records

Medical records are sent through Health Port. The charge is \$0.75 per page 1-25, \$0.50 per page 25-100, \$0.25 for all other pages plus actual postage for Patient Personal Request. Prices are set by the state of NC Health Port; there phone number is 800-367-1500.

### Forms

Forms that require significant time, must be completed repeatedly, and/or may require an office visit for completion will be done for a charge of \$15.00 and up. This fee must be paid when picked up or before they are mailed or faxed.