



## **Thirlby Clinic, PLC Patient Financial Policy**

Thank you for choosing Thirlby Clinic, PLC as your health care provider. We are committed to building a successful physician-patient relationship with you. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

### **Appointments**

We value the time you have scheduled with us to treat you. It is important to understand that if you do not come to your appointment, it is time that could be spent treating other patients. Please provide at least a 24 hour notice if you are unable to keep an appointment. Help us to provide outstanding healthcare to all of our patients by keeping your scheduled appointments. Please be aware that three missed appointments may be grounds for discharge from our practice.

With the evolution of technology, we are now able to offer services to you virtually and sometimes via the telephone. While communicating with your physician regarding change in health status or specific questions related to your health you may be billed for an e-Visit or another type of virtual visit. These are reimbursable charges and are subject to copay and deductible similar to normal office visits.

### **Participating Insurances**

- Aetna
- Blue Cross / Blue Shield (Traditional, PPO, FEP, out of state)
- Blue Care Network Advantage
- Blue Care Network
- Cofinity
- Medicare
- Medicare Plus Blue
- Physician Care/ ASR/ HAP (PPO products)
- Priority Health
- Priority Health Medicare
- Railroad Medicare
- United Healthcare
- United Healthcare Medicare Advantage

If we are your primary care physician, be sure that your insurance company has Thirlby Clinic or one of our physician's names on file. If we are not listed as your "primary care physician", your insurance company may charge you a higher co-pay.

If your insurance plan is one with which we are not a participating provider, you will be responsible for payment in full. However, as a courtesy, we will file your initial insurance claim and if not paid within 30 days you will be responsible.

## **Co-payments**

All co-payments and past due balances are due at the time of check-in unless prior arrangements have been made with our billing department. We accept cash, check or credit cards. We will not accept post-dated checks.

## **Insurance Claims**

Insurance is a contract between you and your insurance company. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by your insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network with your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payments to us immediately.

## **Automobile/ Workman's Compensation Insurance**

If you have an accident or injury that results in automobile or workman's compensation insurance needing to be billed it is your responsibility to let us know at the initial visit and provide the appropriate billing information including date and time of the accident, insurance company name, address, phone and claim number.

## **Self- pay Accounts (No insurance coverage)**

We will extend a discount of 20% for patients who pay in full on the date that the service is rendered.

## **Returned Checks**

We charge a \$25.00 fee for checks returned unpaid. You will be billed for the check amount plus the service charge amount. Please make payment promptly with cash or credit card.

## **Delinquent Accounts**

If you don't pay your bill, or make monthly payment arrangements with our office your account will become past due after 120 days.

Once your account is past due, Thirlby Clinic, PLC will take certain actions to resolve the debt.

These will include:

- The account being turned over to over to an outside collection's agency.
- The patient will be discharged from the practice.