



# Angela Willis MD

## Family Practice

### **Financial Policy**

Revised January 1, 2018

Thank you for allowing **Angela Willis Family Practice** to be your provider of medical services. Please read this policy and feel free to discuss any questions you may have with our staff. We ask that you acknowledge your receipt and acceptance of this policy by signing the appropriate section of our consent form. This copy is yours to keep.

#### **General Policy**

- Office visit fees are determined by the complexity and level of medical services rendered. If requested, we are able to provide an estimate of total charges prior to being seen.
- ALL Copays are required at time of service. This is the responsibility of the patient per your agreement with your insurance company.
- Payment for services rendered is the responsibility of the patient/guarantor at the time of service.
- Accepted forms of payment include cash, local check, debit/credit cards.
- Payment in full is required for prescription medications dispensed by Angela Willis Family Practice.

#### **Insurance Policy**

- If you would like us to file claims with your insurance company, it is your responsibility to provide us with a valid insurance card and a valid state ID, driver's license, or passport.
- All applicable co-payments, deductibles and charges for non-covered services will be collected at the time of your visit.
- If your claim is not paid in full, you will be billed for any unreimbursed portion of your claim less the contractual adjustment by your insurance company. Payment is due within 30 days from receipt of statement.
- Your insurance policy is a contract between you and your insurance company and any pre-certifications of procedures or testing are your responsibility.

#### **Fee-For-Service Policy – Uninsured and Functional Medicine Patients**

- Uninsured Patients
  - If you do not have insurance coverage, payment is due at time of service for charges incurred. A cost estimate can be given to you prior to the visit, but any labs, in office testing, etc that occurs as part of the visit could be additional. If in doubt, always ask the Physician.
  - Prior to being seen by the physician a \$100 deposit will be collected.
  - Following your visit you are expected to pay any additional amount due. If your charges are less than \$100 you will be refunded the difference before you leave the center.
- Functional Medicine Patients
  - Some services may be billable to your insurance carrier, and will be outlined to you as part of your visit with the Physician
  - For services not covered by the Physician, payment will be due at time of service unless otherwise arranged in advance.

## **Non-Payment**

- All outstanding balances are due upon receipt of statement and become past due after 30 days.
- A \$20.00 administrative fee as well as any bank fees incurred will be added to your account for each check or electronic transaction denied by your financial institution for any reason.
- If your account is referred to a collection agency for non-payment you will be responsible for any additional costs attributable to that action including, but not limited to, agency, attorney and court costs incurred and permitted by the laws governing these actions.

***At any time, if you are in need of a payment arrangement, please speak to our Front Desk Representative. We want you to experience the best care for you, and do not want finances to get in the way of that. If however, we make a financial arrangement, and you do not honor that, we may not be able to extend that service to you again.***

Thank you for taking time to review our financial policy. Please let us know if you have any questions or concerns.