

ROSS BRIDGE MEDICAL CENTER FINANCIAL POLICY

Thank you for choosing Ross Bridge Medical Center (RBMC) as your primary health care provider. Our office and physicians make a great effort to get insurance companies to pay their share of the cost of this care in a timely manner. However, due to the recent changes brought on by the Accountable Care Act, this is becoming more challenging. We have therefore implemented the following Financial Policy; please read and sign the policy acknowledgement form. If you have any questions, please ask to speak with the Office Manager.

PATIENT PAYMENTS

Payment (co-payments or co-insurance) is due at the time of service. If you or your child/children have an outstanding balance, please make sure whoever accompanies the patient to the visit is prepared to pay it. We accept cash, check, or a credit/debit card to pay your account.

FIRST STATEMENT

Your insurance policy is a contract between you and your insurance company. This contract requires that we collect certain co-payment or prepayment amounts depending upon the type of insurance and insurance carrier at the time of service.

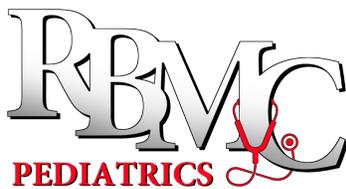
Regardless of your insurance status, when we determine that you owe a balance, we will mail a statement to the mailing address provided to us by you. If your address changes, you are responsible for notifying us. All statements are also available on our secure patient portal. Payment is due upon receipt of the statement.

Please contact our office as soon as possible after receipt of your statement should you have any questions, or should you wish to discuss the outstanding balance. Should you need it, we can help you set up a payment plan with a valid credit card. One-third (1/3) of the total balance is due the first day of the payment plan. The credit card used will automatically be charged for the second and remaining third owed on a monthly basis. We require payment plans to be arranged before your bill is 30 days old. In the event that your insurance pays us after that time, you will be reimbursed.

SUBSEQUENT STATEMENTS AND UNPAID BALANCES

If your account remains unpaid, subsequent statements will be sent to the address we have on file. Although RBMC *does not charge* interest for amounts past due and left unpaid by insurance or patient, a \$5.00 statement fee may be included for additional statements sent on unpaid balances.

When your balance is 90 days past due, your account will be frozen and turned over to an outside collection agency for non-payment. Collection agency balances require that we will no longer be able to provide healthcare services to you or your child/children. We continue to provide 30 days of emergent care to give you time to find another physician, and we work with you through any current treatment plans. In this event, the Guarantor of the account agrees to pay any fees incurred by the collection agency.



INSURANCE COVERAGE

While we make a good faith effort to verify your coverage, we are not liable to guarantee that the information given to us by your insurance is correct. It is your responsibility to know what services may or may not be covered by your insurance. We encourage you to refer to your benefits manual if you have any questions about covered services and work with us to make sure that these services are provided at the most cost efficient manner.

I agree to provide RBMC with the most current and accurate insurance information as it applies to my child's account. I will notify the office of any changes to insurance agree to the assignment of benefits. Finally, in the event that insurance information you provide delays payment, you will be asked to pay in full billed charges and seek reimbursement from your insurance provider directly. The insurance company gives us a very small window in which to file a claim, and incorrect insurance information usually delays this beyond their window.

You will be asked to sign a non-covered services statement for each visit. Please be aware that services that your doctor orders are needed for patient care and may not be covered by you insurance.

THIRD PARTY PAYORS

Our office does not bill third party payors, such as motor vehicle accident claims or worker's compensation claims. If you wish to see our doctors for a visit that would normally require us to bill a third party payor, you are required to pay for the visit and/labs in full as a self-pay patient, and we will provide you with what you need to submit the claim yourself.

CHILD ADVOCACY

As an advocate for our young patients, RBMC will not intervene in any custody dispute or financial responsibility dispute between parents or other responsible parties. We will send statements to any one address provided; however, we cannot look to more than one party for financial responsibility.

MISCELLANEOUS FEES

After Hour Phone Consultation (non-emergent) such as prescription refills, appointment requests, lab results, and forms will result in a fee of \$25 charged to your or your child's account.

Patients will be subject to a \$25 charge for appointment NO-SHOWS. A no-show is an appointment that is not cancelled at least 4 hours before the visit.

There will be a \$5 charge for all immunization (blue card), physical, sports and camp forms when completed outside an office visit with the doctor.