



## 2013 Patient Financial Policy

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*If you have a question about your bill or the status of your account,  
Please call the LakePoint Family Physicians billing office at (316) 636-9295.*

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### **Welcome**

Thank you for choosing LakePoint Family Physicians as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Understanding our Patient Financial Policy is an important aspect to building our professional relationship. We are sure you understand that payment for health care services rendered is your responsibility. Please ask if you have any questions about our fees, our policies, or your responsibilities as part of this relationship. We are committed to providing the best possible care with the least amount of stress. It is also helpful to keep a copy of this document for future reference. Welcome!

### **Auto Accident Claims**

We do not accept assignment in the case of liability actions. A liability action against someone else is not a reason for delaying payment of your bill. Payment of the bill is the responsibility of the person receiving treatment, not the person being sued who may or may not win the litigation. For this reason, we will ask that you pay a \$56 deposit at the time of check-in and any additional amounts due are subject to our usual payment policy, due upon receipt of the statement. We will, of course, furnish your attorney with your medical record provided a signed release accompanies the request.

### **Cancelled Appointments**

We have reserved an appointment for you based on your request to have us provide your health care. If you are unable to keep your scheduled appointment, please call our office (316) 636-2662 within 24 hours to reschedule. This will allow us to provide that time slot to another patient. A pattern of appointment cancellations does not allow us to provide you with the highest level of medical care and you may be asked to find another health care provider. Cancelling an appointment without 24-hours notice may result in a \$70 charge to your account which cannot be billed to your insurance and is patient responsibility. Failure to pay a cancellation fee will be treated according to our policy on unpaid patient balances.

### **Co-Pays**

All co-payments are due at the time of check-in. Your insurance carrier requires that all co-pays be paid prior to any services being rendered by us. The co-pay requirement cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier. If you do not have your co-pay at the time of your visit, you can provide a written waiver from your insurance carrier specifically authorizing LakePoint Family Physicians to waive this requirement or we may reschedule your appointment to a better date/time when you are able to pay your co-pay prior to being seen. We accept cash, valid current-dated checks, and Mastercard/Visa. We will gladly provide you with a receipt for your payment.

### **Deductibles and Co-Insurance**

We cannot waive deductibles and co-insurance amounts defined as patient responsibility under the terms of your insurance carrier. Payment is due upon receipt of a statement from our office, unless prior payment arrangements have been made.

**PATIENT FINANCIAL POLICY (continued)**

**Driver's License**

In order to protect your identity, we will ask for your driver's license so we may scan a copy into your medical record. This helps avoid others trying to use your identity to access medical care and insurance benefits.

**Electronic Payment Plans**

We offer you the option to preauthorize monthly healthcare payments through your bank account or credit card. Payments plans are 100% interest free and will be arranged based on the amount and day of the month that works best for you. Taking advantage of this opportunity with our Business Office eliminates damage to your credit rating if we have to turn your account over to a collections agency.

**Financial Assistance**

We do offer some financial assistance for those patients who have a financial hardship. Please ask to speak with our Business Office to complete a Financial Assistance Application.

**FMLA or Disability Forms**

There is a charge of \$20.00 for the completion of medical forms. Payment is due at the time that you pick up the forms. Please allow 7-10 business days for completion of these forms. If you would like the forms mailed to you or the insurance carrier, payment will be due prior to mailing.

**Insurance Card**

The patient being seen is expected to present for copying their valid insurance card, if applicable, at each visit. Incorrect insurance information at the time of your visit may result in a delay in care and/or responsibility for the cost of the entire visit.

**Insurance Claims**

We accept most insurance plans. Insurance is a contract between you and your insurance company. In most cases, we are NOT a party to this contract. We will bill your insurance company as a courtesy to you. In order to properly bill your insurance company we require that you disclose timely all insurance information including primary and secondary insurance, as well as any change of insurance information throughout the year. Failure to provide complete and timely insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is your 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 insurance, including but not limited to those charges above the usual and customary allowance. It is always the patient's responsibility to know if we are in-network or out-of-network providers with your insurance company. If we are out-of-network for your insurance company and your insurance pays you directly, you are responsible for payment on balances due and agree to forward the payment to us immediately.

After 60 days, any remaining balance may become your responsibility whether or not your insurance company has made payment to us.

Please contact your insurance company with any questions about your insurance coverage.

**Medical Records Copy**

We will provide you a copy of your medical record upon written request. Request forms can be obtained at the Reception Desk. Please allow 7-10 business days for us to copy your medical record. If you would like your medical record mailed, there may be an associated fee to cover the mailing costs. You will be charged \$0.61 per page (first 250 pages) and \$0.44 for additional pages (251 pages+) that are copied along with an \$18.40 cost for supplies and labor, in accordance with K.S.A. 65-4971(b) which establishes the maximum fees that medical care providers can charge for reproduction of medical records (non-workers compensation records). Payment is due at the time you pick up the medical record or prior to mailing.

## **PATIENT FINANCIAL POLICY (continued)**

### **Minors**

The parent(s) or guardian(s) is responsible for full payment and will receive the patient account billing statements. A signed release to treat may be required for unaccompanied minors.

### **Non-Covered Services**

We cannot waive non-covered service amounts defined as patient responsibility under the terms

### **No-Show Appointments**

We have reserved an appointment for you based on your request to have us provide your health care. Failure to show up for the appointment and/or not calling ahead denies someone else that appointment time and is not respectful of the patient-physician relationship. A pattern of no-show occurrences does not allow us to provide you with the highest level of medical care and you may be asked to find another health care provider. No-show occurrences may result in a \$70 charge to your account which cannot be billed to your insurance and are patient responsibility. Failure to pay a no-show fee will be treated according to our policy on unpaid patient balances.

**First Missed Appointment**—we will contact patient by telephone or letter and encourage the patient to reschedule the appointment. The missed appointment will be documented in the patient's chart.

**Second Missed Appointment**—we will inform the patient of the missed appointment in writing and keep a copy of the document in the patient's chart.

**Third Missed Appointment**—patient's physician will make determination regarding patient's ongoing status with the practice and any further notifications to be sent regarding the nature of the patient's current condition and/or termination of the patient from the practice.

### **OB Patients**

We will work with you and your insurance company to estimate your out-of-pocket costs for obstetrical care. We require payment of the estimated charges by the delivery date either through a payment plan (see below) or through a one-time payment.

### **Patient Information Changes**

It is your responsibility to notify our office of any patient information changes (i.e. name, address, insurance information, telephone numbers, emergency contact, etc.). Failure to provide correct information at the time of your visit may result in a delay in care and/or responsibility for the cost of the entire visit.

### **Payment Plans**

Please let us know if you are having difficulty paying your account timely. We may be able to help by setting up a payment plan to have regularly scheduled payments come out of your bank account and/or charged to a credit card on a monthly basis. Call the Business Office (316) 636-9295 for more information.

### **Private Pay Patients**

We accept patients without insurance coverage. If you do not have group or individual medical insurance, payment for all professional services is expected at the time of your appointment. If you pay the charges in full on the day of service, we will offer a 10% timely payment discount. Partial payments or payments made after the date of service are not subject to the timely payment discount. If you are unable to pay your balance in full, you will need to make prior financial arrangements with our Business Office (316) 636-9295.

### **Referrals and Preauthorizations**

If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from your insurance company and the balance due will be your responsibility.

## **PATIENT FINANCIAL POLICY (continued)**

### **Responsible Party**

Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service.

### **Return Checks**

A \$30.00 charge will be added to your account for any check returned by your bank for any reason. Future payments may only be made by cash and/or Mastercard/Visa when an account has a Return Check occurrence.

### **Unpaid Patient Balances Due**

All patient-responsible balances that remain unpaid after 90 days with no response to our requests for payment may be referred to a collection agency. If referred to a collection agency, an additional fee of up to 15% of the balance will be added to help offset the costs of the collections process. Once an account is turned over to a collection agency, patient or responsible party (guarantor) will have to settle the debt with the agency. Please be aware if a balance remains unpaid, you and/or your immediate family member(s) may be discharged from LakePoint Family Physicians. If this is to occur, you will be notified by regular and certified mail that you have up to 30 days to find alternative medical care. During that notice period, our medical providers will treat you on an emergency basis.

### **Workers Compensation Claims**

If your injury is due to an accident in your work place, please be sure to contact your employer and inform them of your injury. You are required by law to work with your employer so they may direct your medical care to ensure you get the maximum benefits available for a work-related injury. We do not accept assignment in the case of work-related injuries. For this reason, we will ask that you pay a \$56 deposit at the time of check-in and any additional amounts due are subject to our usual payment policy, due upon receipt of the statement.

Thank you for understanding the LakePoint Family Physicians Patient Financial Policy. If you have any questions regarding your account, please call the Business Office at (316) 636-9295.

Being our patient means you acknowledge full financial responsibility for services rendered by LakePoint Family Physicians:

- You understand that you are responsible for prompt payment of any portion of the charges not covered by your insurance, including co-pays, deductibles and co-insurance.
- You understand co-pays are due at the time of service, as well as any prior balance you may owe.
- You agree to all reasonable attorney fees and collection costs in the event of default of payment on your account.
- You have read and understand the Patient Financial Policy and agree to be bound by its terms.
- You also understand and agree that such terms may be amended from time-to-time by the practice.