



FINANCIAL, PAYMENT AND OTHER POLICIES

Thank you for choosing The Charis Clinic PLLC as your primary care provider. We are committed to providing you with high quality and affordable health care. Please understand that payment for services is necessary for us to continue to provide care to all. The following are our standard Financial, Payment, and Other Policies. Please read them, ask us any questions you may have, and sign in the space provided. We will provide a copy to you upon request.

1. Insurance. We participate in most insurance plans, with the exception of United Healthcare and Medicare. If you are not insured by a plan we do business with, you must pay in full at each visit. Please note that **WE CANNOT BILL YOUR INSURANCE COMPANY UNLESS YOU GIVE US YOUR COMPLETE INSURANCE INFORMATION.** If you are insured by a plan we do business with, but you don't have an up-to-date insurance card, you must pay in full for each visit until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. Co-payments and deductibles. You must pay all co-payments **AT THE TIME OF SERVICE.** This arrangement is part of your contract with your insurance company. **Additionally, if you have a high-deductible plan (greater than \$500 per individual or family), you will be required to pay an estimate of the portion you are responsible for at the time of service.** Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

3. Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by your insurance company. You must pay for these services in full in full.

4. Proof of insurance. All patients must complete our patient information form before seeing their health care provider. We also need a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

5. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

6. Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If we do not participate in the new plan, you will need to pay cash fees up front. If your insurance company does not pay your claim within 45 days, the balance will automatically be billed to you.

7. Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in FULL. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, The Charis Clinic PLLC will be able to treat you on an emergency/urgent basis.

8. Missed appointments. Because we reserve an appointment time especially for you, and are committed to staying on time, our policy is to charge \$50 for missed appointments not canceled 24 hrs in advance. These charges will be your responsibility and billed directly to you. Please help us to serve you and our clients better by keeping your regularly scheduled appointment.

9. Email or phone consultations. Our policy is to charge \$25 per 15 minutes for phone consultations that last longer than 10 minutes and for all medically related emails.

10. Medical Forms or Letters. Our policy is to charge \$10 in 10 minutes (or less) increments required to complete forms.

11. Usual & customary rates. Our practice is committed to providing the best treatment to our patients. Our prices are at or below usual and customary charges for our area.

12. Scheduled Medications. We do not prescribe scheduled medications (such as narcotics and tranquilizers) on the first appointment. We also do not prescribe scheduled medications until we receive all necessary medical documentation to determine if this is appropriate treatment for you. All patients on routine scheduled medications must agree to the terms of a written Medication Contract.

I have read and understand Charis Family Clinic’s Financial, Payment, and Other Policies and agree to abide by them:

Signature of patient or responsible party

Date

Printed Name: _____