



## 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 Aetna, Multicare, 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 COMPLETE and accurate 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.

**4. Proof of insurance.** All patients must complete our patient information form before seeing their health care provider. We also require identification with your driver's license and a current valid insurance card. If you fail to provide us with the current insurance information, we may not be able to see you, and if we discover the information is not current or correct, you will 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.

Please note that we bill separately for preventative and problem issues. If you bring up a problem that you would like evaluated, or if in the course of discussion it is apparent that you have a problem that needs evaluated, you will be billed separately for these issues. Please do not ask us to re-bill the insurance company differently, as we are careful to avoid fraud.

**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 60 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 15 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 will be discharged from this practice. If this is to occur, you will be notified by 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 only.

**8. Missed appointments and No Shows.** 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 or those 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 conversations that last longer than 5 minutes and for all medically related emails.

**10. Medical Forms or Letters.** Our policy is to charge \$25 for each form completed, and \$10 for additional 10 minute increments of time 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. For cash clients, **We offer the following levels of medical service, which must be paid in advance. You will place your card on file for your convenience.**

15 min or less visit: \$80

30 min or less visit: \$120

45 min or less visit: \$160

60 min or less visit: \$200

Phone calls less than 5 min: free

Phone calls 5-15 min: \$40

**Note that there will be additional charges for EKG, in-house labs, vaccines, and medication injections.\***

**12. We require that you place a credit card on file for balances that your insurance does not cover. Please see our Credit Card on File agreement attached below.**

**13. Scheduled Medications.** *We do not prescribe scheduled medications (such as opioids/narcotics and tranquilizers) to new patients for a minimum of three months.* We also do not prescribe scheduled medications until we receive **all** necessary medical documentation for us to determine if this is an 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: \_\_\_\_\_ Page 2 of-3

## CREDIT CARD ON FILE POLICY

Charis Clinic is dedicated to providing excellent and affordable care to our clients. Your understanding of the changes to our financial policy is important to our ongoing professional relationship.

Due to the new healthcare act and high deductible insurance plans, we are experiencing an ever-increasing number of patients who are not paying their bills and therefore had no choice but to institute a new policy where all patients are now required to present a credit card at the time of their appointment. This is consistent with many practices in our area.

Keeping your credit or debit card on file is a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. Your card will be put directly into a secure encrypted service and stored by the bank, just as when you check into a hotel. Only the last 4 digits of your card and expiration will be viewable by us.

Note that all of your rights with respect to the use of your card will remain in effect. This new policy will in no way prevent you from being able to dispute a charge or questions your insurance company's determination of payment. We will bill your claim to your insurance company who is required to send us and you an Explanation of Benefits (EOB) letter, which will indicate your patient responsibility. After we have received the Explanation of Benefits your credit card will be charged as payment in full for the remaining Patient Responsibility. We will mail you your receipt. Please ensure your card account is active and properly funded, as Charis Clinic will not be responsible for overdraft fees.

Without this authorization, a billing fee of \$5 per statement will be added to your account for any balances that we must attempt to collect through mailing a monthly statement. Furthermore, an "outstanding balance" charge of 1.5 percent of the total bill will be charged for each month that the bill remains unpaid. Your credit card information is kept confidential and secure through a secure payment system and not kept on file.

\_\_ I request a call prior to my card being charged. Please note that if we do not hear from you, we will charge your credit card in 3 days. Please note that if you refuse to pay your charges from your EOB, the above charges and collection action after 120 days is possible.

I authorize The Charis Clinic to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

Amex  Visa  Mastercard  Discover  
Credit Card Last 4 digits:

I (we), the undersigned, authorize and request The Charis Clinic PLLC to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility. This authorization relates to all payments not covered by my insurance company for services provided to me by The Charis Clinic PLLC. I have read Charis Clinic's credit card authorization policy and agree to the terms of this policy.

Patient, Patient's Parent or Guardian Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_