



## Financial Policy

Thank you for choosing Live Well Medical Care. Please carefully review our financial policy. Please feel free to contact us during normal business hours for any questions you may have. We will be happy to assist you.

### **Insurance Services**

The Clinic participates with many health plans. As a courtesy to our patients, we will file claims with these companies. It is ultimately your responsibility for the full and timely payment of your account.

Please be prepared to submit your current insurance card at each visit. A scanned copy of this card may be kept as a part of your permanent record. You may also be asked for photo identification. Please also provide the clinic with up to date contact information including your home address, telephone number, and emergency contact information.

The Clinic will attempt to verify coverage and benefits prior to your visit with the physician. If we are unable to obtain a verification of coverage you may be asked to pay in full or reschedule your visit. This verification will be used to estimate your financial responsibility; however, this verification is not a guarantee by your health plan of coverage or payment.

Co-payment, deductibles and coinsurance are expected at the time services are rendered. While we may estimate your financial responsibility, it is your insurance company that makes the final determination regarding your eligibility and benefits. ***Failure on our part to collect patient liability payments can be considered fraud.*** Please help us upholding the law by paying your co-payment or deductible at each visit.

Please be aware that certain office procedures or services may not be covered, or may be considered "not medically necessary", or "cosmetic" by your health plan. You are responsible for payment of these services. Please also be aware that many health plans limit preventative / annual coverage. In the event your care exceeds a plan limitation, you will be responsible for the balance. ***It is your responsibility to know the benefits and limitations of your current health care coverage.*** The Clinic will provide medically necessary care based on patients' medical needs, not on patient's insurance coverage. **Your Physician is not responsible for knowing your plan's specific benefit and coverage limitations.**

Please be aware that additional charges may be incurred if during the course of a physical exam the physician addresses diagnoses or treats a problem-focused health concern.

The Clinic does not submit claims to non-contracted Third Parties involving automobile accidents and accidental injury. An itemized statement may be obtained from our office. This statement will assist you with reimbursement. It is your responsibility to file claims in these instances.

### **Past Due Accounts**

If your account is over 90 days past due, you will receive a letter stating that you have 20days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if there is a balance past the 20day grace period, we may refer your account to a collection agency and you

and your family member may be discharged from this practice. If this is required, you will be notified by regular mail that you have 30days to find alternative medical care. During that 30 day period, the physician will be able to see you only on emergency basis.

**Missed appointments**

We attempt to contact every patient to remind them of their appointment; however, it is the responsibility of the patient to arrive for their appointment on time. Live Well Medical Care also reserves the right to charge a no-show fee for patients who miss appointments without calling to cancel within 24hours of the appointment.

**Checks / Denied Credit Card Payments**

If a check is returned for insufficient funds, account closed, or payment is stopped, your account will be charged a fee. This fee applies to payments made at our front desk, mailed in to our office, electronically via the internet, or payments by phone. In the unlikely event that this happens 3 times, you will be required to pay by cash or preapproved credit card. We will be unable to accept checks or credit cards from you.

**Self Pay Discounts**

As a courtesy, the clinic offers a discount to uninsured and underinsured patient's for certain medically necessary services. This discount only applies to balances paid in full at the time of service.

Again, thank you for choosing Live Well Medical Care PLLC. We appreciate the opportunity to serve you.