

# Arlington Family Practice, P.A.

## FINANCIAL POLICY AGREEMENT

Thank you for choosing Arlington Family Practice, P.A. for your family's medical care. We are committed to providing you with quality, personal health care. We appreciate your commitment to adhere to this Financial Policy Agreement.

Except as indicated below, **payment is required at the time services are provided** unless other arrangements have been made in advance. We accept cash, VISA, MasterCard, Discover and American Express credit cards, and debit cards.

- **Proof of Insurance.** All patients must complete and/or update our Patient Information Form at each office visit. You must furnish valid and up-to-date proof of insurance coverage and a picture ID. If you provide false or expired insurance information you will be responsible for the balance of the claim. Please notify us of any changes in insurance coverage prior to time of service. Insurance denials for termination of coverage will be automatically billed to you. Be familiar with your co-pay and be prepared to pay at each visit. Determine if the physicians are network providers prior to first visit. **As a courtesy, we do verify your benefits but it is the patient's responsibility to know their benefits as well. Always check to see if your provider is in network.**
- **Co-payments and deductibles.** All co-payments, current balances, co-insurance and deductibles are due and payable PRIOR to services being rendered and are required by your insurance to be paid at each visit. Our billing department will bill or credit your account accordingly after your insurance pays their portion. If co-pays are not paid at the time of service a \$10.00 administrative fee for billing will be assessed.
- **Claim submission.** We will submit your insurance claims and assist you in any way reasonable to help get your claim paid. Your insurance company may need you to supply information directly to them. It is your responsibility to comply with their request in a timely manner. Texas insurance law requires your insurance company to provide timely payment. Please be aware that the balance of your claim is your responsibility to pay whether or not your insurance company has paid.
- **Patient balance policy.** Arlington Family Practice, P.A., after filing with insurance companies, will mail you a patient balance statement. Payment in full is due upon receipt of this statement. If you have any questions or dispute the balance, it is your responsibility to contact our billing office within 30 days. Past due accounts will be subject to a late fee of \$5.00 per month and may be referred to a credit bureau and/or a collection agency. If you are not able to pay the balance due in full, you must contact our billing office to discuss a payment schedule. Any late fees already incurred on past due balances will be included in any mutually agreed upon arrangements.
- **Referrals.** Unless discussed prior and evaluated in the office, all referrals require seeing the doctor to discuss the best treatment plan. If your managed care plan requires approval or authorization for referrals to a specialist, radiological imaging, medical facility care, etc., it is your responsibility to inform the office of this requirement prior to referral. We require 48 hrs. notice to facilitate a referral request and cannot issue retroactive referrals.
- **Self-payment.** Arlington Family Practice recognizes that some of our patients may be without insurance coverage or may choose to receive care even when we are not 'participating providers' with their managed care plan. We do not believe in, nor do we endorse charging a fee greater than the fees we have agreed to receive from most managed care networks. Please let us know in advance if you are in this situation, so we may help determine the best way to handle your account.

**OTHER SERVICES, CHARGES AND PATIENT RESPONSIBILITIES:** Insurance coverage generally does not include coverage for many administrative services, such as requests for information, prescription refills or after hours medical consultation. ***The following services may have an administrative services charge that will be billed directly to you and are your responsibility for payment.*** Our practice is committed to providing the highest quality of service to our patients while keeping our charges for administrative services at or below the usual and customary charges of other medical practices in our area. All such administrative fees must be paid prior to scheduling future appointments.

- **Late for appointments.** If you arrive more than 15 minutes late for your appointment, you will have to reschedule.
- **Missed appointments.** It is your responsibility to remember your appointment; however, we understand there may be times when you might have to miss an appointment due to other obligations or emergencies. Broken appointments represent not only a cost to us, but also an inability to provide services to others who could have been seen in the time set aside for you. We require 24 hour notice of cancellation to avoid a ***\$30 cancellation fee.***

- **Prescription refills (without a scheduled office visit).** New prescriptions will not be issued without first seeing your physician. Prescriptions for acute care or chronic conditions are usually written with an appropriate number of refills to complete the course of treatment or to last until your next scheduled appointment. These do not require further approval for refills. Please make sure you have enough prescription refills to last until your next appointment. Consult your pharmacist as needed. *An administrative fee may be assessed if a refill is issued without the patient seeing a provider, a prescription is requested for mail order, additional “extra” prescriptions are needed, or a pharmacy (or insurance plan) change is requested. Refill requests made during routine office hours will be charged \$15 for 1 to 3 prescriptions and \$25 for 4 or more medications.* Requests for refills will be handled between 8:30 A.M. and 3:00 P.M., Monday through Friday. Any refill request after 3:00 P.M. will be handled on the next business day. Please allow 48 hours for prescription refills. Call your pharmacy to request refills. Narcotic and antibiotic prescriptions **will not** be refilled after hours.
- **Prescription authorizations.** We will honor prior authorization requests from the patient, but the patient will be responsible for contacting their insurance company to have them forward the prior authorization form to our office. The patient will need to ask their insurance plan what “alternative medications” are covered by their plan. *There will be a \$15 fee for completion of a prior authorization form.* Medication changes will not be done over the phone; if a medication change is requested, the patient must see the physician.
- **Form completion policy.** All forms requiring medical review and physician signature – including school, day care, and camp physicals, prior authorizations, FMLA, disability or other paperwork – may be subject to an administrative fee of \$25.00. Administrative fees may be waived if the patient has a scheduled appointment in conjunction with forms completion. Please allow 5-7 business days for completion.
- **Health care advice.** With the advent of the internet and other sources of health information, we find that we are often consulted for health care advice, oftentimes not related to the patient’s current medical care or needs. Providing such information may require considerable thought and/or investigation on our part to coordinate with the patient’s exact medical condition. Therefore, any such advice – when unrelated to the patient’s current medical condition – may be subject to an administrative fee of \$75 per quarter hour of investigation and response.
- **After hours calls.** *All after hours calls for medical advice are subject to a \$25 fee* that will be billed directly to you and is your responsibility for payment.
- **Requests for medical records.** In accordance with Texas law, Arlington Family Practice, P.A. requires written requests for the release of medical records. The administrative fee associated with copying medical records is based on current Texas law, which allows up to 15 business days to get the requested copies to you. Please take this into consideration when requesting copies of your medical records. Expedited copies will be charged an additional fee. Requests for pt use will be billed \$35 - copies sent to another physician are at no cost.
- **Motor vehicle accident or worker’s comp.** We do not see patients for any type of motor vehicle or worker’s compensation injuries.
- **Return check policy.** If a check is submitted as payment, there is a \$35.00 charge for return checks added to your original balance. In addition, we may seek all additional legal remedies provided to us under Texas law.

I have acknowledged, read and understand Arlington Family Practice, P.A. Financial Policy Agreement. I agree to assign insurance benefits to AFP, P.A. whenever necessary. I authorize AFP, P.A. to release information to a credit bureau and/or collection agency. In the event of nonpayment or default, I am responsible for all cost and reasonable collection fees. Except for emergency care, patients may be denied services for their failure to agree to this Financial Policy Agreement.

Thank you for understanding our financial policy. Please let us know if you have any questions.

Printed name \_\_\_\_\_

DOB \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_