ENTIRA FAMILY CLINICS

CREDIT POLICY

Entira Family Clinics' Physicians are dedicated to providing you with high quality healthcare. In order to maintain that commitment we realize that we must collect our billing in a timely manner. This credit policy is designed for that purpose.

We are a preferred provider for several insurance companies and will bill your claims directly to them. Our business office can supply you with a list of these providers. Insurance companies require that we maintain a current copy of your insurance card. If for any reason you are not able to provide proof of insurance coverage a refundable deposit will be required for the first visit. This deposit may be refunded to you upon proof of your insurance coverage or payment of the charges by your insurance company.

- 1. Uninsured patients are required to pay for all services at time of their visit. We offer a 10% discount when paying by cash, check, debit or credit card as long as there is not an outstanding balance on the account. We also accept VISA, MASTERCARD and DISCOVER.
- 2. If your insurance company requires a copay for office or lab visits, it must be paid at the time of service. All other payments are due upon receipt of the first statement.
- **3.** Any checks returned to us from your bank will have an added service charge. You will be required to pay cash or use a credit card for all future visits. One or more returned checks may result in termination of medical care.
- 4. Services related to an injury that involves another party as the payer:
 - A. The liability insurance is billed as primary. As a courtesy we will file one time to your insurance company. Payment in full is expected in 30 days. Unpaid balances over 30 days will require payment in full, as well as payment in full for same day services. If no insurance is provided, payment is required in full at the time of service.
 - B. Worker's Compensation Injuries: Patients are required to supply the clinic with all billing information: contact person's name and phone number to verify First Report of Injury has been completed; Insurance Carriers Name, Address, Phone Number & Fax Number if possible. We would also appreciate receiving a copy of your health insurance card for billing if the services are denied by Worker's Compensation. If unable to supply this information, you may be required to pay cash at the time of the visit.
- **5.** We do participate with Medicare. We will submit your claim to Medicare, and receive payment directly from them. The patient is responsible for any copays, deductibles or non-covered services not approved or covered by Medicare or other supplemental coverage.
- **6.** If financial difficulties or hardship exist, the patient must contact the business office to arrange acceptable payment. These arrangements will be determined on a case by case basis.
- 7. If the office is unable to secure acceptable payment arrangements or the patient refuses to cooperate in the resolution of the bill, the patient's account may be referred to an outside collection agency and medical care will be terminated. Emergency service will be provided for 30 days from date of termination.

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