Financial Policy and Agreement

Thank you for choosing Eastern Shore Primary Care. The following is our financial policy and agreement for your review.

Payment
Clinic accept American Express, Visa, MasterCard, Discover, third-party payment services, cash, and checks.

Insurance Plans
The clinic will verify your current insurance at each appointment. You will be responsible for the total visit amount at the time of service if insurance is not verified. Please contact your insurance company directly with any questions you may have regarding your benefits and coverage.

I understand that if my insurance plan requires a referral authorization for my appointments, it is my responsibility to obtain a referral prior to my appointment.

I understand that I am responsible for all account balances, even with insurance benefits. The Clinic will bill your insurance as a courtesy to you, but the Clinic cannot guarantee your benefits. If your insurance company informs us of any benefits, you are, or are not entitled to, the Clinic will advise you of the same. Any oral representation Clinic make in good faith to you concerning your insurance is not binding on us and will not in any way or for any reason be considered a modification of this billing notice.

Any allowable balances determined after a visit are the responsibility of the patient and are due in full upon receipt of statement.

Non-Covered Services:
Please be aware that some, and perhaps all, of the items or services you receive may not be a covered benefit under your insurance plan. You will be responsible for payment, in-full and at the time of service, charges for any non-covered items and/or services. Medicare patients may be required to provide an executed Advanced Beneficiary Notice (ABN).

Diagnostic Testing Performed Off Site:
Diagnostic testing, such as laboratory testing and imaging, may need to be performed at an outside facility, such as the hospital, or independent lab like Quest Diagnostics or LabCorp. These facilities have their own physicians/independent practitioners, (i.e., radiologists, pathologists, etc.) who provide the clinical interpretation of your tests. Likewise, these facilities and their physicians or independent practitioners operate and bill independently from Eastern Shore Primary Care. They establish their own fee schedules, payment policies, and insurance contracts. Some insurance companies have a preferred lab and/or imaging facility that their insured must use, and failure to utilize the preferred facility may result in a larger out of pocket expense to you. It is your responsibility to know if your insurance company is contracted with has a preference.

Durable Medical Equipment (DME):
Many insurance carriers, including Medicare, will no longer pay for durable medical equipment (DME), such as crutches, braces, and boots etc., obtained at a physician's office or clinic. Therefore, if you wish to obtain DME at the time of your visit, you may be required to pay in full at the time of service. To do this,

Medicare patients are required to complete an Advanced Beneficiary Notice (ABN). Otherwise, if you want Medicare or your insurance to pay for your DME, you will be given a DME prescription, which you can take to your preferred DME supplier or pharmacy.

Non-Participating Insurances:
If the patient has insurance that the office does not participate in, you will be responsible for full payment of all services at the time they are rendered. As a courtesy, our Billing Office will file a claim with your insurance. If any portion of your visit was covered, you will be sent a refund.

HMO Plans:
Authorizations/Referrals Much like ER visits, it is the patient's responsibility to contact your primary care provider for any required referrals and/or comply with your insurance carrier's policy regarding authorizations for primary care services. The patient is responsible for any services denied for no referral or authorization.
***_**If prior authorization for primary Care visit is required by your insurance company (certain HMO plans), it is your responsibility to obtain this prior to your office visit.**_ ***

MEDICARE:
The Clinic accepts assignments for our Medicare patients, and Clinic will bill Medicare for you. Do not submit the claim yourself. If you have supplemental insurance, Clinic are required to provide this information to Medicare. In most cases, Medicare will bill your claim to your supplemental insurance for you.

It is the patient's responsibility to pay for services not paid for by Medicare. You will be asked to sign a waiver, when appropriate, indicating that you have been informed that Medicare may not cover certain services and that you as the patient accept financial responsibility.

Medicare Authorization:
If patient is a Medicare patient, patient authorize any holder of medical or other information about me to release to the Social Security Administration and Center for Medicare and Medicaid Services, or its intermediaries or carriers, any information needed for this, or any related Medicare claim/other insurance company claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or the party who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply. I understand it is mandatory to notify the healthcare provider of any other party who may be responsible for paying for my treatment. (Section 1128B of the Social Security Act and 31 U.S.C. 3801-3812 provides penalties for withholding this information.)

On The Job Injuries:
For Worker's Compensation Insurance, Clinic will file your claim for you and bill the patient's employer's worker's compensation plan directly. Once you have reported to Eastern Shore Primary Care staff that your visit is due to a workplace or work-related injury, it will be documented as such. All circumstances of the injury will be documented, including where, when how etc. Clinic WILL NOT omit information or alter/change documentation to receive payment. If a patient's claim is rejected due to errors in the information patient provided, the patient will be responsible for all charges.

Co-Payment
A health insurance co-payment is a set fee you pay for a doctor's visit and after your deductible has been met. Co-payments are due at the time of service.

Deductible
Your deductible is the amount you pay for covered health care before your insurance plan starts to pay. *Payment is due at the time of service if your deductible has not been met.*

Co-Insurance
Co-insurance is the amount you pay for covered health care after you meet your deductible.

Credit Card on File
For any prearranged payment plans or payment plans, Eastern Shore Primary Care will keep credit cards on file (CCOF). The clinic does not keep any credit card information on file in the office or on any of our computers. Clinic uses a secure, encrypted gateway that is compliant with applicable law. The clinic must have a signed authorization on file to charge your credit card. This program expedites the checkout process and enables us to process refunds on your account efficiently.

Returned Checks
Eastern Shore Primary Care will charge a $25 fee for any returned checks.

Self-pay
Patients who do not have insurance coverage are considered Self-pay. Payment in full for services provided is due at the time of service for self-pay patients.

Dismissal from Practice
Please note that noncompliance with treatment plans (including medications and/or lab work), non-payment of charges the Clinic (to the extent permitted by law or applicable payor contracts) and abusive/inappropriate behavior towards staff and/or other patients may result in dismissal of your care from our practice.

Cosmetic Procedures
Patients are responsible for all cosmetic procedure fees at the time of service. Clinics do not bill insurance companies for cosmetic procedures. The cost of any procedure will be a separate fee from an office visit or consultation fee.

Referrals and Preauthorization:
If your insurance company requires a referral from your Primary Care Physician (PCP), it is your responsibility to obtain one. If the referral is not sent to us prior to your arrival to be seen, you may be asked to reschedule the visit until the Clinic has a valid referral on file. It is also your responsibility to obtain preauthorization for services if required by your insurance company and to ensure that your PCP is listed correctly with your insurance company. If the Clinic does not receive documentation of preauthorization or the PCP is not correct at the time of service, you will be responsible for paying for the cost of services rendered if your insurer denies the claim.

Treatment of Minors:
Patients under the age of eighteen (18) must be accompanied by a parent or legal guardian to their first appointment to meet the clinician and complete all necessary paperwork. A signed authorization from

the parent or guardian allowing our clinician to provide medical treatment is required for subsequent visits. All co-pays or monies due are expected to be paid at the time of each service.

Determining Guarantor:
The guarantor is the responsible party held accountable for this patient's bill. The guarantor is always the patient if they are over the age of 18 (although this may vary from state to state). The guarantor for a minor child is the parent that presents the child for care at the time of the initial visit. I have read and understand the Financial Policy and agree with its terms.

Coordination of Benefits (COB):
Coordination of Benefits (COB) occurs when you have multiple insurances. Please be sure to notify the front desk of both primary and secondary insurance. If you provide our billing department with the wrong insurance information, your claim will be denied, and you will be financially responsible for the office visit.

Fees:
Patients will be charged an administrative fee of $25 for us to complete FMLA, disability, or job-related forms. If your account is sent to collections for non-payment, you will incur a $50 service fee.

I hereby certify that I have read the foregoing and fully understand the contents thereof.

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Printed Name of Patient
& Agent/Guardian if applicable

________________________________ ________________________
Signature of Patient Date
or Agent/Guardian if applicable