

# Care Medical Group Financial Policy

Thank you for choosing Care Medical Group as your urgent and/or primary care provider. We are committed to providing you comprehensive, compassionate, and convenient healthcare. We believe that a good provider/patient relationship is based on understanding and communication.

Traditionally urgent care (specialty) services cost more than those of a primary care clinic, but significantly less than the cost of an emergency room. Therefore, we feel it is important to provide you with this Financial Policy, which outlines patient financial responsibilities related to payment for our services. If you have any questions about your financial responsibility please contact our billing department.

## **Acceptable Forms of Payment**

Cash, Credit Card, Debit Card and Health Savings Cards. At this time, we do not accept checks for copayments and date of service payments.

## **Self Pay**

We accept patients without insurance, we consider this to be self-pay. Payment is due, in full, at the time services are rendered. Best efforts will be made by the clinic to estimate the total charges for your visit. Payment for an office visit is required up front. Any additional diagnostic testing, procedures, medications administered, and/or supplies/equipment used during the visit, will be due, in-full, upon discharge. The charges incurred at the time of your visit are not final until they have been reviewed and entered into your account by our billing department.

## **Patients With Participating Insurances**

We participate with a variety of insurance plans, however, we do not accept Medicare or Medicaid (DSHS, Molina, CHPW, Apple Health, Coordinated Care etc.)

It is your responsibility to:

- Understand your insurance plan benefits, including co-payment, co-insurance and/or deductibles.
- Know if your insurance considers Care Medical Group as a preferred provider or if Care Medical Group is out of network.
- Bring your insurance card and picture ID to every visit. You will not be seen without them.
- Bring an accepted form of payment and be prepared to pay any unmet deductible and your co-payment before each visit.
- For medical care not covered under insurance, payment in full will be required at the time of service.
- Update us of any changes in insurance coverage since last visit.

## **Patient Cost Shares – Copayments, Deductibles, Co-Insurance**

We want to help patients better understand financial responsibility. It is important to understand that a patient's out of pocket amount is determined by the insurance plan chosen by the policy holder and/or their employer.

We charge from a standard fee schedule. Copayments, co-insurance and deductibles are a contract responsibility between you and your insurance company, these costs are non-negotiable. It is our policy to collect all co-payments and/or any unmet deductible at every visit, during the registration process. If you still have questions regarding your charges, you are encouraged to call our billing office at 360-734-4300 or contact your insurance company.

## **Non-Participating Insurances**

If you have insurance that the clinic does not participate with, 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.

## **Overpayments**

Before we refund a credit balance or overpayment on your account, we will apply the credit balance to any outstanding balance for you or any dependent covered by your health care plan. We will refund you for any remaining balance.

## **Medicare and Medicaid**

We DO NOT see Medicaid patients who request to pay cash. Doing so shows the "ability to pay," and may result in the loss of Medicaid coverage. Additionally, any prescriptions written may be rejected/not covered by Medicaid because our providers are considered "non-participating".

## **Non-Covered Services**

Please be aware that some 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, for any non-covered items and/or services.

## **Secondary Insurance**

If you have insurance coverage under more than one plan, we will courtesy file with your secondary insurance. To do this, we will need to know which plan is primary and which plan is secondary at the time of check in.

## **Motor Vehicle Accidents (MVA) & Third Party Payers**

In most cases, we consider this a private matter between you and your auto carrier. If we can confirm MVA Personal Injury Protection (PIP) coverage we will bill you MVA Carrier. Once your PIP is exhausted, we will bill your medical carrier. On occasion your medical carrier may not cover care related to MVA, in this instance you will be considered self-pay and required to pay for all services at the time of service. We do not file claims to third party payers. We do not accept liens.

**On The Job Injuries (Workers Compensation)**

We accept patients for initial evaluation and treatment for or related to workplace/work-related injuries. It is your responsibility to know if your employer files workers compensation claims through Department of Labor and Industries (L and I) or is self-insured. We will file your claim for you and bill your employer's worker's compensation plan directly. We do not accept out-of-state Workers Compensation claims. Once you have reported to Care Medical Group 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. We require you to provide your private insurance information if workers compensation denies and/or rejects your claim. If this occurs we will bill your private insurance. If you request that we submit the claim to your medical insurance carrier, we cannot guarantee that your medical insurance will cover your visit. If your claim is denied for any reason, if your employer fails to timely file your claim, if your claim is rejected due to errors in the information you provided you will be held responsible for the full payment for the services rendered.

**Payment Arrangements**

Typically, we do not make payment arrangements. If you have a balance remaining after insurance has paid or if your insurance denies the claim, the balance is due in full; however, if you are experiencing financial difficulties and unable to make the full payment, you may call us to discuss potential options.

**Past Due Accounts & Collections Accounts**

If you have any past due balances and/or unpaid collection balances, payment is due in full in addition to any current charges for which you are responsible prior to receiving any current services. If your bill remains unpaid, we will refer your unpaid balance to an outside collections agency. Washington state regulations specify unpaid medical bills can be forwarded to a collections agency 120 days from your date of service. You will be responsible for any collection/legal fees that apply. These fees will not be negotiated or refunded. Our collections Agency is SB & C and their contact information is 360-336-3116 or toll free 888-336-3116.

**Missed Appointments**

If you miss an appointment or do not provide 24 hour notice of cancellation, you are subject to a missed appointment fee of \$35.00. Your insurance will not pay these fees. They are your responsibility and will be billed directly to you.

**Waiver of Confidentiality**

If your account is turned over for collections to a third-party collection agency, or if a past due amount is reported credit bureaus for late payment, non-payment, or charge-off, the record of the patient visit may become public record. Failure to maintain financial responsibility may cause you to forfeit your right to confidentiality.

**Durable Medical Equipment (DME)**

We contract with DJO as our DME distributor. Any DME received will be billed from DJO to your insurance company, you may receive a separate bill from DJO.

**Additional Charges / Diagnostic Testing**

Labwork and Cultures— We will collect your labwork sample and submit to Quest Diagnostics or LabCorp. These facilities have their own billing and you may receive a separate bill.

Imaging— We perform on-site x-rays, the x-rays are sent for a professional reading by a radiologist. Mount Baker Imaging is the company we contract with to read our x-rays. Mount Baker Imaging is a separate company, and you may receive a separate bill.

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 any off-site companies.

**Treatment of a Minor**

If the patient is a minor (under 18 years of age), the parent/legal guardian must complete all registration forms. The parent/legal guardian of a minor is financially responsible for payment at the time of service. The parent, legal guardian of a minor is responsible to provide insurance and picture ID cards. Minors must be accompanied by a parent/legal guardian or by a designated adult who has been given written permission to make medical decisions, on behalf of the parent/legal guardian, for the minor child. Please Note: Our office can only discuss billing information (no medical information) on an account for a patient 18 years of age and older, regardless if the parent is financially responsible.

**Forms**

If you have forms (such as employer return to work, physical etc.) to be completed by our providers, we recommend you to bring the forms, complete with the patient portion, at the time of your visit. Completion of forms during your visit will be done free of charge if they are one page; two or more pages you are responsible to pay \$45.00 paperwork fee prior to your visit. All requests made after your visit please allow at least 72 hours for completion and pay any applicable fees.

**Consent to Contact**

When you receive and sign the Care Medical Group Financial Policy, you consent to being contacted by Care Medical Group or any organization to which Care Medical Group assigns your account, about any matter related to your account using current contact information or any new information that you provide. We might contact you by U.S. mail, email, or telephone, including cell phone and might use technology including auto-dialing and/or pre-recorded messages to contact you.

**Disclaimer**

Care Medical Group reserves the right to refuse treatment to anyone who fails to comply with these policies. These policies are subject to change without notice.