

TOTAL PRIMARY CARE PAYMENT POLICY

Thank you for choosing TPC as your primary care provider. We are committed to providing you with quality and affordable health care. As some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop a payment policy.

PAYMENT POLICY: We accept *most major credit cards* or *cash*. We **DO NOT ACCEPT CHECKS.**

INSURANCE: We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card then payment in full for each visit is required until we can verify insurance eligibility.

CO-PAYMENTS AND DEDUCTIBLES: All co-pays and/or deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-pays and deductibles from patients can be considered fraud. Please help us to uphold the law by paying those co-pays and/or deductibles at each visit to which it applies.

NON-COVERED SERVICES: Please be aware that some or maybe all of the services that you receive may not be covered or considered reasonable or necessary by Medicare or other insurers. It is the patient's responsibility to pay for these services either at the time of service or upon receipt of a bill sent to you from TPC.

PROOF OF INSURANCE: All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and a current, valid insurance card or information in order to verify insurance eligibility and benefits. If you do not provide us with current and correct insurance information in a timely manner then you may be responsible for the balance of the claim.

CLAIMS SUBMISSION: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their requests. Please be aware that the balance of your claim is your responsibility whether or not your insurance company accepts your claim. Your insurance benefit is a private contract between you and the insurance company and TPC is not a part of that contract.

COVERAGE CHANGES: If your insurance changes, please notify us before your next visit so we can make the appropriate changes. This will help you receive the maximum insurance benefit as well as assist you in getting your claims paid promptly.

NONPAYMENT: If your account is more than 60 days past due, you will receive a letter stating that you have 10 days to pay the full amount. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged as patients from this practice. If this is to occur, you will be notified by regular and/or certified mail that you have 30 days to find alternate medical care. During that 30-day period, Dr. Ahmann will only be able to treat you or your family members on a **cash only** basis for those services rendered.

MISSED APPOINTMENTS: We require at least 24 hours of notice if you are unable to make your scheduled appointment. You will be sent a bill for \$25.00 if we are not notified of the cancellation within that time frame.

TPC is committed to providing the best service for all of our patients. Our prices are representative of the usual and customary charges for our area. Thank you for taking the time to read and understand our payment policy. Please feel free to ask us any questions or to share any concerns you may have.

I HAVE READ AND UNDERSTAND THE PAYMENT POLICY AND AGREE TO ABIDE BY ITS GUIDELINES:

Signature of Patient: _____ **Date:** _____

Signature of responsible party: _____ **Date:** _____