

EFFECTIVE JUNE 17, 2013

Blue Ridge Family Physicians-Financial/Office Policy

To reduce confusion and any misunderstanding between our patients and the Practice, we have adopted a Financial/Office Policy. We are dedicated to providing excellent medical care and service to you and your family. This change is necessary to handle the tremendous increase in our administrative burden. By implementing these policies and changes we hope to streamline our processes, to cut down on expensive "no shows" and to improve your overall experience.

Insurance Participation

We participate (have contracts) with many major insurance companies including Medicare and Medicaid for existing patients. We do not accept new Medicare or Medicaid beneficiaries. However, your insurance coverage is a contract between you and your carrier. It is your responsibility to know what services are covered/non-covered by your insurance plan. We DO NOT file Workers' Compensation or other Third Party (ex. automobile liability) carriers.

Eligibility Verification

Your insurance carrier requires you present your insurance card and photo ID at EACH visit. This also meets the requirements of our contract with your insurance carrier. We obtain photo ID's to prevent any identity theft regarding your insurance coverage. Our office utilizes an online service for insurance verifications for appointments scheduled in advance. Please make sure to furnish the most current insurance information when scheduling your appointment. Based on the verification you might be required to pay any deductible, coinsurance, etc. Please be prepared to pay in if your deductible has not been met. We also ask for your insurance card and photo ID at EACH visit. This is part of our contract with your insurance company. We obtain photo ID's to prevent any identity theft regarding your insurance coverage.

If for some reason, you have no insurance information other than the carrier name, we will attempt to verify the coverage for you with a charge of \$10.00 to be paid at the time of service. Again, contracts with insurance companies are binding and state to present the insurance card at EACH visit.

Copay

Most insurance plans require a patient to pay a copay at each visit. The Practice as well as the patient is bound by our contracts with the insurance plans to collect a copay with each office visit. In keeping with this, we will collect your copay upon check-in. We CAN NOT waive copays and for any questions or concerns regarding copays, please contact your insurance carrier.

Claims Filing

We will file claims for those insurance companies with which we are contracted. Once we receive payment/denial from your insurance carrier, you will receive a bill from the Practice for any outstanding balance determined by your insurance plan to be your responsibility. Please keep us informed of any changes with insurance carrier, changes in coverage, or any other pertinent information as this can greatly affect the coverage of your services.

Payment/Demographic Information

Please keep us apprised of any change in contact information. Please let us know of any change in your phone number, address, and email address, if applicable, as this can greatly affect our ability to contact you regarding appointment verification, changes in schedules or whatever the case might be. The office does automated reminder calls to the most recently updated phone number you furnish to us. We are NOT responsible if you fail to update your demographic/contact information. We accept Visa/MC, personal checks, cash and debit cards. We **DO NOT** accept postdated checks. Payments are due at the time of service unless prior arrangements have been made.

Self Pay/Uninsured

We strive to serve every patient. All self pay/uninsured services are to be paid in full on the date of service unless prior arrangements have been made. We offer personalized payment plans but all payment plans must have 100% compliance or no further services will be rendered in office or by phone.

No Show/Cancellations

Please try to cancel/reschedule your appointment 24 hrs. in advance. If this is not possible, please cancel/reschedule at least a few hours prior to your appointment time. This gives the Practice time to fill the slot with another sick patient requiring an appointment. More than 3 "no shows" or last minute cancellations could result in your discharge from the Practice.

\$50.00 No Show Fee for Regular Appointments

\$70.00 No Show Fee for Physical or Procedure Appointments

Small Balances/Returned Checks

You will NOT receive a bill for a balance of less than \$5.00. However, this will be addressed when you schedule an appointment. So, please be prepared to pay this balance upon checking in for your appointment. Returned checks incur an additional charge of \$25.00. Patients writing more than one returned check will be required to pay in cash. Multiple returned checks/stopped payment could result in discharge from the Practice.

Billing Fee

Each additional statement sent to you after the initial billing statement will incur a \$10.00 charge until the account is paid in full. The first statement is mailed after your insurance company has determined payment/denial. Accounts should be paid within 30 days of the first statement. At 60 days the account will be blocked, meaning no appointments can be scheduled and at 90 days will result in accounts being turned over to Bull City Collection Agency. If the account is turned over, we will no longer offer medical care in the office or by phone to the guarantor or family members for whom that guarantor is responsible and may be notified by certified mail of your discharge from the practice unless the balance is paid in full.

Services Not Billable To Insurance

DOT/FAA physicals are NOT BILLABLE so therefore, not payable by insurance plans. Most insurance plans also DO NOT cover sports physicals and work physicals. Please do not ask us to change the billing codes to accommodate your insurance. We must bill the actual service performed.

Lab Services/Charges

We do have an onsite lab owned and operated by LabCorp. Any labs drawn will result in a separate bill from LabCorp and it will be your responsibility to know if the services performed are covered by your insurance. Our providers will only order the services they deem necessary for your medical care. If there are any questions/concerns regarding coverage of lab services please contact your insurance carrier prior to the service.

Forms

Due to the increasing volume of forms and letters that are requested by patients, and the time this takes away from direct patient time for office visits, we have to charge a fee for letters, forms and prior authorization requests. This fee will also apply to rewriting prescriptions that do not involve an office visit, (lost originals, changing pharmacies, or mail order services.) The charge is a flat fee of \$25.00 payable at the time forms are dropped off or picked up but prior to forwarding to any other agency.

Medical Records

Medical records are available at your request. They will be copied upon completion of a medical release forms authorizing release. This could take 5-7 business days. Per NC Statute GS90-411 the charge is .75 per page 1-25, .50 per page 26-100, .25 all others with a minimum fee of \$10.00. There will be no charge for records released to another provider.

On Call Service

We do have “**on call**” for after hours emergency situations. Our providers provide the “on call” service. Please be certain any call made after hours is an emergency as there is a \$10.00 charge added to your account for each non-emergency call made to the service. This charge is not billable to insurance and will be your financial responsibility. We **DO NOT** refill medications, schedule or cancel appointments, review lab results or give x-ray/radiology results.