

Initials	Item #	Policy
<input type="text"/>	1	<p>Health Insurance: <i>There is no doubt that health insurance benefit plans are confusing. Most plans do not provide 100% coverage for services. Each plan has its own set of rules, exclusions, limitations and non-covered services and medical supplies, equipment, etc.</i></p> <p>It is your responsibility to be familiar with your specific benefit plan. If you are unsure of your coverage, co-pays, deductibles, etc., you should call the customer service telephone number on your insurance card. Your health insurance policy is a contract between you and your insurance company. <i>As a service to you</i>, Klamath Family Practice Center, PC will send a claim to your health insurance company. We will bill up to three insurances for you. After all insurances have paid, you will receive a statement with the amount left that is your responsibility. All balances are due and payable within 30 days from your statement billing date. If the amount is not paid in full then you will be charged a \$15.00 re-billing fee each time you are billed thereafter.</p> <p>Should your insurance company request any information from you, you must respond promptly. Payment will be delayed until your response is received. If we do not receive payment from your insurance plan the charges will become your responsibility. By working together, we can minimize misunderstandings, payment delays and billing costs.</p>
<input type="text"/>	2	<p>Co-Pays, Co-insurance & Deductibles are due at the time of service. Co-pays are collected during check-in and co-insurance is collected at check-out. If you are unable to pay your co-pay amount at the time of service your appointment may be rescheduled. If we participate with your insurance company we are contractually obligated to collect your co-pays and co-insurance at the time of each visit. If your condition requires immediate attention and you are unable to pay your co-pay/co-insurance at the time of your visit, we will expect your payments within 5 days after your appointment.</p> <p>If you have outstanding deductibles that would be applied to your visit they would also be due at the time of service.</p>
<input type="text"/>	3	<p>Medicare: If you are covered by Medicare, we will send a bill for you. We accept assignment, but you are responsible for any deductible, coinsurance or non-covered services. You should present a valid Medicare card.</p>
<input type="text"/>	4	<p>Workers Compensation: No payment will be due from you unless your claim has already been denied. You will then be expected to pay according to the terms under “Health Insurance”. We require your health insurance information in case your claim is denied.</p>
<input type="text"/>	5	<p>Auto Accidents: We will only bill <u>your Personal Injury Protection (PIP)</u> insurance. Make sure you file a claim with your PIP insurance. We do not bill the insurance of the person who caused the accident unless you were their passenger. You will not be asked to pay unless your PIP benefits are exhausted or expire (1year) or you have a PIP deductible. We will also require your health insurance information. ***Please provide your auto insurance card, your accident claim number and the name and phone number of your PIP adjuster at the time of your first visit.</p>
<input type="text"/>	6	<p>Slow Insurance Response: If your insurance company takes more than 60 days to respond to your insurance claim, you agree that you are fully responsible for your services and assume full financial responsibility for all services received and it will be your responsibility to seek reimbursement from your insurance company.</p>

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<input type="text"/>	7	Litigation and Suits: Klamath Family Practice Center PC does not feel that a liability action against someone else is reason to delay payment to us, as litigation and suits may go on for years. We will bill your health insurance if you have coverage; be sure you have signed an agreement with your health insurance company so they will pay. If you do not have health insurance coverage, we will expect payment from you for all charges incurred.
<input type="text"/>	8	Right to correct billings: Klamath Family Practice Center PC makes every attempt to make sure patient's bills are correct; but sometimes errors occur and need to be corrected. KFPC reserves the right to make these corrections even if a bill has already been processed or paid. This may include a refund due to the patient or insurance company, additional services that were performed or medical equipment received but not billed. KFPC will notify you or your insurance company and send a corrected billing. You agree to be responsible for the corrections in the same manner as the original bill.
<input type="text"/>	9	Non-Insured: Your entire visit is due at the time of service, including labs, x-ray, etc. A \$200.00 deposit is required at the front desk during check-in. After you have completed your visit, any remaining balance will be collected or if there is an amount unused it will be refunded to you at that time. A cash discount is offered when your visit is paid for in full at the time of service. Any exception to this policy it must be made in advance or prior to receiving services.
<input type="text"/>	10	Returned check fee: \$35.00 will be charged for all NSF checks. Upon receiving a returned check for non-sufficient funds, your personal check will no longer be accepted.
<input type="text"/>	11	Appointments: Please call to cancel or reschedule an appointment with at least 24 hour notice. Please be considerate of this potential loss of time as it may deny care to another patient in need. A fee of \$50.00 will be assessed to any appointment missed; this fee is not covered by your insurance company. If more than three no-show fees are assessed to your account you may be asked to transfer your care to another provider outside this clinic.
<input type="text"/>	12	Collections: If your account is older than 90 days or is not paid as agreed and turned over to an outside collections company a \$75.00 administrative fee will be added to your balance. You also agree that some of your personal information may be shared in order to collect any and all debt you may owe to Klamath Family Practice Center, PC.

I have read and understand all the terms of this policy and by my initials and signature below, I attest that I fully understand each item and agree to the terms above.

Signature: _____ Date: _____

Printed Name: _____

Helpful suggestions:

Keeping Records: It's your responsibility to ensure that your health benefit plan meets its obligations to you and pays everything it should. An important step in doing that is to keep every physician and hospital bill you receive. Likewise, keep all the documentation from your health insurance plan. In this way you can compare the payment made by your insurance company against your health benefit plan.

Questions About Your Bill? Our billing department is available to assist you with questions concerning your bill. Please call 541-884-1776 Monday – Friday 9:00am to 4:00 pm