

## **FINANCIAL POLICY**

Thank you for choosing Behm Family Practice, LLC, for your medical care. We would like you to be aware of our financial policies. Providing high quality medical care to you and your family is of utmost importance to our medical practice. When you or your family member needs medical care, we are happy to take care of your needs. When you utilize our services, you are responsible for the costs incurred. Understanding our financial policies is an essential element of your care and treatment. If you have any questions regarding our policy, please feel free to discuss them with our staff.

### **YOUR INSURANCE**

Please understand, as health care providers, our relationship is with you, not your insurance company. As a courtesy and convenience, we will file claims for all of our patients. We cannot however, bill your insurance company unless you give us current, accurate insurance information. You can help us by:

- **Bringing your insurance card with you at each appointment.**
- **Paying your co-payment, deductible, and other payments due, as a result of your insurance contract, at time of service.**
- **Contacting our Practice or billing department if you have any questions regarding your account.**

If you do not pay your required payment at time of service (Coinsurance or co-payment), you may be charged an additional billing fee of \$5.00 each time you have an office visit.

### **LABORATORY TESTING**

Behm Family Practice, LLC performs many laboratory tests in its federal and state approved physician office laboratory and bills insurance companies on your behalf. **If an insurance company determines that the test performed was not “medically necessary”, then you, the patient, are responsible for payment of the service.**

### **MANAGED CARE PATIENTS**

Behm Family Practice, LLC currently contracts with a number of health plan carriers. Though we submit claims to these contracted carriers, you are responsible for a co-payment, coinsurance or deductible amount at the time you receive services, according to the terms of your health plan contract. Patients are expected to pay their co-payment and/or any patient responsibility office visit payment at time of service.

### **COMMERCIAL/INDEMNITY INSURANCE PATIENTS**

If provided adequate billing information and if we participate/contract with your commercial carrier, we will send your claim to the commercial insurance carrier. We will allow 60 days for the insurance to pay the claim. After that time, we will require payment from you. If your insurance company pays you directly, you are responsible for paying Behm Family Practice, LLC.

### **MEDICARE PATIENTS**

Behm Family Practice, LLC accepts Medicare assignment. If there is a Medicare supplement insurance policy, Behm Family Practice, LLC will file your claims as a courtesy to you. You are responsible for any deductibles and/or co-insurance amounts not paid by Medicare or supplemental insurance coverage.

### **WORKERS' COMPENSATION**

Behm Family Practice, LLC will file to your employer's Work Comp Carrier when provided with adequate billing information. Behm Family Practice, LLC will require the name of the Insurance Carrier, the date of injury and the claim number in order to bill the worker's compensation insurance. You will receive a bill if we do not have all the required information.

### **SELF-PAY & HIGH DEDUCTIBLE PLAN PATIENTS**

You are responsible for full payment of charges at the time of service. In addition, patients enrolled in Health Savings Accounts and/or High Deductible types of plans are responsible for the payment of the deductible for treatment received at the time of service. Please speak with our Practice Director or the billing department if you need to set up a payment plan.

### **METHODS OF PAYMENT**

We accept cash, checks, VISA, MasterCard and Discover. We do not accept post-dated checks, nor will we hold checks for any length of time. Behm Family Practice, LLC will charge a \$55.00 billing fee for all returned checks.

### **NO SHOW APPOINTMENTS**

If you need to cancel an appointment, please call 24 hours in advance to avoid a \$50.00 no show fee.

*I have read the above and understand my financial responsibility. I understand that no guarantees have been made to me about my insurance coverage, and I do not hold Behm Family Practice, LLC. or any of its physicians or staff responsible for my insurance coverage.*