

Flower Mound Family Physicians

Financial Policy Agreement

Thank you for choosing Flower Mound Family Physicians Family for your family's medical care. We are committed to providing you with quality, personal health care. We appreciate your commitment to adhere to this Financial Policy Agreement. To reduce confusion or misunderstanding we ask that you read this Policy, ask any questions, and sign the Authorization and Acknowledgement section of the Patient Information Form. Other than for true medical emergencies, agreement with this policy is required for all medical care.

Except as indicated below, **payment is required at the time services are provided** unless other arrangements have been made in *advance*. We accept cash, personal in-state checks, and VISA, MasterCard, Discover and American Express credit cards. There is a \$30.00 service charge for returned checks.

INSURANCE: We participate in most managed care plans and will bill your insurance plan as may be necessary. If we do not participate with your managed care plan, payment in full is required at the time of service, unless other arrangements have been made in advance. We may be able to bill your plan as a courtesy to you and credit your account if we receive any additional payment. If you are without health insurance and you are enrolled in the Jefferson Independence Card (www.jeffersonicard.com) your payment may be substantially reduced at the time of service! Knowing your insurance benefits – including eligibility, covered benefits, and medically necessary procedures is *your* responsibility; please contact customer services at your insurance company for questions you may have regarding your coverage. ***You are responsible for any services not covered by your plan.***

- **Proof of Insurance.** All patients must complete and/or update our Patient Information Form at each office visit. You must furnish valid and up-to-date proof of insurance coverage and a copy of your driver's license. If you provide false or expired insurance information you will be responsible for the balance of the claim. Please notify us of any changes in insurance coverage prior to time of service. Insurance denials for termination of coverage will be automatically billed to you.
- **Co-payments and deductibles.** All co-payments must be paid prior to time of service. By contractual law, protection of your insurance benefits requires us to charge for, and you to pay for, all required co-payments, co-insurances, deductible and non-covered services.
- **Claim submission.** We will submit your insurance claims and assist you in any way reasonable to help get your claim paid. Your insurance company may need you to supply information directly to them. It is your responsibility to comply with their request in a timely manner. Texas insurance law requires your insurance company to provide timely payment. Please be aware that the balance of your claim is your responsibility to pay whether or not your insurance company has paid. We are not a party to your insurance contract.
- **Referrals.** If your managed care plan requires approval or authorization for referrals to a specialist, radiological imaging, medical facility care, *etc.*, it is *your* responsibility to inform the office of this requirement *prior to* referral. We require 48 hours notice to facilitate a referral request and cannot issue retroactive referrals.

SELF PAYMENT: Flower Mound Family Physicians recognizes that some of our patients may be without insurance coverage or may choose to receive care even when we are not "Participating Providers" with their managed care plan ("Out-Of-Network"). We do not believe in, nor do we endorse, charging a fee greater than the fees we have agreed to receive from most managed care networks. Therefore, we have been instrumental in founding and developing the **Jefferson Independence Card** as a way in which you can receive services at costs similar to the fees paid by many major managed care plans. To learn more, and to obtain similar discounts on other health care services, please visit www.jeffersonicard.com.

OTHER SERVICES, CHARGES AND PATIENT RESPONSIBILITIES: Insurance coverage generally does not include coverage for many administrative services, such as requests for information, prescription refills or after hours medical consultation. ***The following services may have an administrative services charge that will be billed directly to you and are your responsibility for payment.*** Our practice is committed to providing the highest quality of service to our patients while keeping our charges for administrative services at or below the usual and customary charges of other medical practices in our area. All such administrative fees must be paid prior to scheduling future appointments.

- **Missed appointments.** Broken appointments represent not only a cost to us, but also an inability to provide services to others who could have been seen in the time set aside for you. We require 24 hour notice of cancellation to avoid a **\$50 cancellation fee** (depending on the type of appointment). Multiple late cancellations or no show appointments may require you to have to seek medical care elsewhere. It is your responsibility to remember your appointment.
- **Double booking.** We respect our patients time and strive to see our patients in a timely fashion; therefore we are an appointment based practice and do not double book or work in walk-ins ahead of scheduled patients. Occasionally urgent situations arise, as in any medical office, that will cause delays but we try our best to minimize these delays.
- **Prescription refills.** New prescriptions will not be issued without first seeing your physician or physician assistant (PA). Prescriptions for acute care or chronic conditions are usually written with an appropriate number of refills to complete the course of treatment or to last until your next scheduled appointment. These do not require further approval for refills. Consult your pharmacist as needed. ***An administrative fee may be accessed if a refill is issued without the patient seeing a provider, a prescription is***

requested for mail order, additional “extra” prescriptions are needed, or a pharmacy (or insurance plan) change is requested other than at your scheduled office visit. Refill requests made during routine office hours will be charged \$10 for 1 to 3 prescriptions and \$20 for 4 or more medications. Requests for refills will be handled between 8:30 A.M. and 3:00 P.M., Monday through Friday. Any refill request after 3:00 P.M. will be handled on the next business day. Please allow 48 hours for prescription refills.

- **Prescription authorizations.** We will honor prior authorization requests from the patient, but the patient will be responsible for contacting their insurance company to have them forward the prior authorization form to our office. The patient will need to ask their insurance plan what “alternative medications” are covered by their plan. ***There will be a \$10 fee for completion of a prior authorization form.*** Medication changes will not be done over the phone; if a medication change is requested, the patient must see the physician or PA.
- **Form completion.** All forms requiring medical review and physician signature – including school, day care, and camp physicals, prior authorizations, FMLA, disability or other paperwork – will be subject to an administrative fee. Administrative fees may be waived if the patient has a scheduled appointment in conjunction with forms completion. We do not fill out FMLA paperwork for mental health and other issues requiring specialist consult, but will be happy to refer you to a mental health provider or appropriate specialist.
- **Health care advice.** With the advent of the Internet and other sources of health information, we find that we are often consulted for health care advice, oftentimes not related to the patient’s current medical care or needs. Providing such information may require considerable thought and/or investigation on our part to coordinate with the patient’s exact medical condition. Therefore, any such advice – when unrelated to the patient’s current medical condition – may be subject to an administrative fee of \$75 per quarter hour of investigation and response.
- **After hours calls.** ***All after hours calls for medical advice are subject to a \$25 fee*** that will be billed directly to you and is your responsibility for payment.
- **Requests for medical records.** In accordance with Texas law, Flower Mound Family Physicians requires written requests for the release of medical records. The administrative fee associated with copying medical records is based on current Texas law, which allows up to 15 business days to get the requested copies to you. Please take this into consideration when requesting copies of your medical records. Expedited copies will be charged an additional fee.

All patients are required to acknowledge their understanding of and agreement to comply with this Financial Policy Agreement by signing the Authorization and Acknowledgement section of the Patient Information Form prior to establishing care with Flower Mound Family Physicians. Except for emergency care, patients may be denied services for their failure to agree to this Financial Policy Agreement.

Thank you for understanding our financial policy. Please let us know if you have any questions.