

# **Babson & Associates Primary Care - FINANCIAL POLICY**

## **INSURANCE**

- As a courtesy, we bill most insurance providers on your behalf. However, it is your responsibility to verify your benefits and confirm that we are in-network with your insurer.
- Insurance plans vary widely; some services may not be covered. If your insurance denies coverage, you are financially responsible for those charges.
- Copays, deductibles, and coinsurance are due at the time of service. Payment in full is expected upon receipt of your statement.
- Patients must provide a valid photo ID and proof of insurance at each visit.
- Babson & Associates offers separate cash-pay programs, including:
  - Medication-Assisted Treatment (Suboxone)
  - Immigration physicals for U.S. citizenship
  - Travel vaccines

## **SELF-PAY PATIENTS**

- If you do not have insurance, payment in full is due on the day of service.
- A prompt-pay discount is applied when payment is made at the time of service.
- Charges for supplies, tests, immunizations, or medications are not discounted.

## **ACCOUNTING PRINCIPLES**

- Patient payments are applied to the oldest outstanding balance first.
- Insurance payments are posted to the corresponding date of service.

## **RETURNED CHECKS**

- A \$25 minimum service charge will be added for all returned checks.
- Accounts with returned checks may be sent to collections, including any fees assessed by the collection agency.

## **CANCELLATION OR MISSED APPOINTMENTS**

- Appointments not canceled at least 24 hours in advance will incur a \$25 fee, billed directly to you (not your insurance).
- Fees may be higher for missed cash-pay program appointments.

## **COLLECTION FEES**

- If your account is sent to collections, you will be responsible for all associated fees, including late fees, collection agency costs, court fees, interest, and fines.

## **RESPONSIBILITY FOR PAYMENT**

- You are personally responsible for any charges not covered by insurance.

## **ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION**

- By receiving care, you authorize Babson & Associates Primary Care to release necessary medical and billing information to insurance carriers, government agencies, or other responsible parties in order to process claims.

## **FORM & RECORDS FEES**

- There will be a \$6.50 charge for all records copied for you.

## **DIVORCED PARENTS OF MINOR PATIENTS**

- The parent/guardian who signs in the child at the appointment is responsible for payment.
- Our office does not send duplicate bills or coordinate between parents. Parents are expected to handle communication about payment and treatment directly with each other.

## **PRIVACY PRACTICES**

- You have the right to review our Notice of Privacy Practices prior to signing consent. A copy is available upon request.
- You may revoke consent in writing at any time.
- Babson & Associates Primary Care reserves the right to revise its Privacy Practices; the most current version is available through our office and website.

***Thank you for reviewing our financial policy. Please let us know if you have any questions before your appointment.***