

### **Thank you for choosing Hillside Family Medicine.**

Our aim is to provide you with high-quality medical care provided by a team of compassionate, committed, and friendly medical professionals.

Being “cared for” is the result of a mutually agreeable, voluntary service. It can be terminated at any time by either party.

*In order to effectively bill and collect on charges incurred, we require all patients to read and sign the following financial policy. Thank you for your cooperation.*

- ❖ We accept cash, checks, and all major credit cards. Your bill will include office visits, x-rays, procedures performed, fees, lab work, and other charges related to your care.
- ❖ As a courtesy to our patients, Hillside Family Medicine will bill most U.S. health plans. Deductible, co-pay and/or coinsurance will be collected in full at the time of service. The amount of payment due at the time of visit depends on your insurance plan. We will also collect on any balance due on your account. *We are not contracted with Champus/Tricare, Medicare, Medicaid, or Denali Kid Care and are not able to see patients who are covered by these insurances.*
- ❖ Hillside Family Medicine requires payment in full if an insurance card is not provided before your appointment. Providing correct insurance information and any necessary authorization(s) are your responsibility. You are responsible to pay any charges denied by your insurance because of missing/inaccurate information.
- ❖ If you do not have insurance, payment in full is expected at the time of service. Patients who do not have insurance or choose NOT to file with their insurance and pay in full at the time of service, will receive a 20% discount. Discounts will not be given for DOT, sport, or school physicals. Additionally, due to the high cost of drugs, vaccinations, and other injectables/implants, the 20% paid-in full discount will not be applied to these services.
- ❖ Any care not paid for by your existing insurance coverage will require payment in full at the time of service or upon notice of insurance claim denial. We do not routinely research whether a service is covered, so it is up to you, the patient, to contact your insurance carrier or employer to determine coverage information.
- ❖ If a request to restrict disclosure to a health plan is elected, we will need to be notified prior to the start of the appointment and payment in full is expected at the time of service.
- ❖ Vaccinations required for travel are often not covered by insurance. Due to this fact, our office requires payment in full at the time of service. Your insurance will be billed, and any amount covered by insurance will be refunded to you.
- ❖ Patients visiting Alaska are required to pay in full at the time of service. We do not bill insurance for these individuals. The necessary paperwork will be provided to the patient to file their own claim.
- ❖ If insurance does not pay within **90 days** of the service date, Hillside Family Medicine reserves the right to request payment in full for services from you and transfer the responsibility of obtaining the insurance payment to you. The agreement with your insurance carrier is a legal contract between YOU and your insurance company. Our office is not part of this legal contract. Ultimately, you are responsible for any and all charges incurred at our office.
- ❖ Balances are due within **30 days** of the first statement. If you are unable to make payment in full, payment plans are available. Payment plans consist of a term rate of no greater than 1 year. If new services are incurred, recurring payments must be adjusted to reflect new balance.
- ❖ Accounts past **60 days** are considered delinquent. Accounts past **90 days** are subject to review as well as the account being sent to our collection agency, Cornerstone Credit Services, and dismissal from our practice.
- ❖ There is a \$25 charge for all returned checks. After the first returned check, we will only accept credit/debit, cash, and money order.
- ❖ In fairness to other patients and the doctor, we require at least 24 hour notice to cancel an appointment. If you miss three (3) appointments within a 12 month period, you may be dismissed from the practice. An \$85 fee will be charged for a missed appointment.