

Aspen Family Care Financial Policy

Patient Name: _____ **D.O.B.** _____

Welcome to Aspen Family Care, PLLC. We are committed to providing you excellent medical care. We would like to take this opportunity to inform you of our office policies.

We will bill insurance claims as a courtesy to our patients provided we have your current insurance information, if not; you will be responsible for payment at the time of service. We accept payment from insurance companies, but require that you pay your portion, including co-pays, deductibles or coinsurance at the time of service. In accordance with our and your participation agreement with third-party payers, we cannot waive or discount co-payments. Payment is due upon receipt for any balance that is billed to you. Returned checks will incur a \$30 service charge. It is your responsibility to notify our office if there is a change of name, insurance coverage, residence, and/or phone number.

We follow all AMA coding/billing procedures, including procedure codes, preventive codes, visit codes and billing on time spent in the visit (including extended visit codes). Changing or re-coding claims once they have been submitted may constitute fraud and we **do not** do this unless a rare coding error has occurred.

Well exams are for preventive care, not evaluation of new conditions or significant changes in management of existing conditions. If new, multiple, or complex medical issues are discussed and managed at the time of a well exam, we will change your visit type to a problem-focused visit and ask you to reschedule your well exam. Under no circumstances can evaluation of new conditions be billed as a preventive visit.

The office bills only for services performed by our providers. Laboratory/Pathology companies are separate entities from us and will bill you or your insurance company separately. If you have any questions regarding your lab/pathology bill, please contact that laboratory/pathology company or your insurance company.

As a courtesy, we attempt to contact every patient to remind them of their appointment; however, it is the responsibility of the patient to arrive on time whether or not a reminder call was received. We ask that you notify us 24 hours in advance to cancel and/or reschedule your appointment. Please be aware that failure to do so may result in a missed appointment fee of \$25.00 and \$50.00 for a missed physical, well-child exam or procedure.

We **do not** participate with Medicare or Medicaid; we attempt to notify every patient prior to their age of being eligible for Medicare; however, it is the responsibility of the patient to seek a Medicare participating provider.

In the event that your account was paid late, placed on a payment plan, or your account is placed in collection status, any additional fees incurred due to this, will be added to your outstanding balance. This includes but is not limited to late fees, collections agency fees, court costs, interest, and fines. If the account is sent to collections or if we receive a bankruptcy notification, we reserve the right to dismiss you as well as any family members from the practice.

Business hours are from 7:30am to 5:00pm Monday through Friday. Medical care received before or after these hours or on weekends, as well as emergent office visits without appointments, may have additional fees per standard billing procedures. Currently, these charges may be up to \$50 per visit.

I consent to Aspen Family Care, PLLC and its assignees to communicate with me by telephone, e-mail, fax, or other means. Please sign below so that we may confirm that you have read and understand our office policy regarding insurance and your responsibilities as a patient of Aspen Family Care.

Name (Please Print)

Date

Signature of Patient or Responsible Party



Dear Patient:

Promoting health and treating illness are important to all of us. We understand this complicated process can be confusing, especially when multiple parties are involved (including lab services, radiology, referrals, etc). As partners in your health, Aspen Family Care providers recommend testing based on our extensive education and experience, always keeping your best health interests in mind. Because healthcare is our specialty, we stay up to date on the latest technology and testing to assist in such management.

As part of increasing complexity in payor systems, it is important that you, the patient, be aware of how your insurance plan works and to know which lab your plan is contracted with. With insurance plans constantly changing it is impossible for us to know your individual coverage of services with third parties, particularly lab services. There is a current trend to limit laboratory coverage with many insurances. Tests that may have been covered in the past may not be covered now. If this is a concern to you, we recommend you contact your insurance company FIRST with the specific ICD-10 and CPT codes to find out what they cover BEFORE getting your laboratory work done. We also recommend contacting your insurance company to find out how all types of office visits are covered by your plan.

ICD-10 codes are diagnosis codes used to communicate to your insurance company why labs are ordered. These codes are located on your laboratory requisition form.

CPT codes are used to communicate with your insurance company what specific labs are ordered. To obtain these codes, you will need to contact the lab and ask them to look up the codes for the various testing placed on your lab requisition.

Should you choose not to proceed with testing as recommended, it is important you know that this can result in undiagnosed illness, late diagnosis, or poor medical management of conditions. This can affect quality of life, as well as increase risk of death with certain conditions. In this situation, it is to be understood that not completing testing as recommended would be against medical advice and the responsibility for issues that could arise from not doing testing is yours.

Lab companies often offer discounted rates for labs not covered. However, to take advantage of this, they must know if you plan on paying prior to them billing your insurance. Once billed, if denied, the balance is typically billed at full price to you by the lab company.

Thank you very much.

Aspen Family Care

Patient Name

Patient/Guardian Signature

Date