



## Financial and Payment Policy

Welcome to Longs Peak Family Practice. The information below is intended to answer some of the common questions about our financial and office policies. We value you as a patient and strive to provide you with the highest quality of healthcare. Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. A copy will be provided to you upon request.

### Co-Payments, Deductibles and Previous Balances

**Payment for all services are due at the time services are provided.** We accept cash, checks, Visa, Mastercard, and Discover. Longs Peak can keep credit or bank cards securely on file for those who wish to pay bills automatically using cards, but we will only require it for patients with outstanding balances.

- **If you are unable to pay your required copay and/or any out-of-pocket costs (depending on your deductible) on the day of service, a \$25.00 non-payment of copay fee will be charged** to your account, and we ask that you pay your balance before your next visit. Additionally, an additional \$25.00 non-payment fee will be assigned to your account for any unpaid balance at 45 days, at 60 days, then monthly thereafter.
- **Outstanding/previous balances are due upon receipt of any statement and/or should be paid in full by or at your next visit or within 60 days, whichever comes first.**
- If your account has a balance over 60 days you must pay it in full at the time further services are provided, in addition to the co-payment of balance incurred on the day of service.
- **If you are unable to pay your balance in full by 60 days, we REQUIRE you to set up an automatic payment plan (balance due over the next 60d in two equal payments) with a valid credit card on file.** You may set this up while you are in the office or over the phone.
- If you do not have a credit card or do not agree to pay your account balance that is over 60 days, you will receive a letter notifying you that we can only provide you emergency service for 30 days and you will not be able to schedule routine appointments, and that if your account balance is not paid in full within that 30 day period, we will no longer be able to provide you care. If this occurs, we recommend you find another physician. Outstanding balances will be turned over to collections at 120 days.
- If insurance has not paid your claim or responded within 30 days you become responsible for following up with the insurance company and the payment will be due from you.
- Office staff will phone you at 30 days, and again if a balance remains at 60 days, to ask that you address any outstanding balance on your account. We will ask that you leave a credit card on file and establish a payment plan if you cannot pay the balance that day.
- **Anyone may leave a credit card on file to pay their balance automatically when a bill is generated after the insurance company pays for covered services – we recommend this because it will save you from having to send or log a payment and us from having to call you.**
- Please note that your physician will be notified at the time of service of any outstanding account balances over 60 days, of the reason for the balance, and of the plan to pay it in full.

### Non-covered services

Please be aware that some – and perhaps all – of the services you receive may not be covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

### Missed appointments

Our policy is to charge for missed appointments not canceled within 24 hours prior to the appointment.

### Payment and Billing Methods

We accept cash, checks, Visa, MasterCard and Discover. You may pay your account balance in-person at our office front desk, via phone call to our front desk, or online using the Payment button at LongsPeakFamilyPractice.com.

### Insurance Plans

We participate in most insurance plans (Medicare – see below). All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver’s license and **current valid insurance to provide proof of insurance**. If you do not have an insurance plan that we have a *contract* with, you will be responsible for FULL payment of all charges you have incurred at the time of your visit.

### Returned Check Fees

There will be a \$35.00 returned check fee added to your outstanding balance if our bank returns your check to us, regardless of the reason. We will then require cash up front or a credit card on file as the only acceptable forms of payment.

Our practice is committed to providing high quality care for our patients. Our prices are representative of the usual and customary charges for our area. We do not make and are required to follow current coding rules and policies. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

**I have read and understand the payment policy and agree to abide by its guidelines:**

Signature of Patient or Responsible Party

Printed Name of Patient or Responsible Party

Date