



Kwak Family Medicine, P.C.

PAYMENT POLICY

We hope that you will be pleased with the services you receive here at Kwak Family Medicine, P.C. (KFM). As we render you and your family the highest level of primary care, we expect that you will promptly fulfill your financial obligations to us in return. Please read our payment policy prior to your first visit and ask us any questions you may have. Thank you for choosing KFM as your primary care provider.

- 1. Insurance.** Please look at the **Insurance** section of our website to see the list of insurances that we participate with. If your insurance isn't one that we take or if you don't have insurance, it is expected that you will pay in full at each visit. If you are insured by a plan that we take but you do not have an up-to-date insurance card, you will be expected to pay in full until we can verify your coverage. Please contact your insurance company about the details of your provisions; *it is your responsibility to know your insurance benefits.*
- 2. Proof of insurance.** If you fail to provide accurate insurance information in the registration form prior to your first visit, or fail to update it during your subsequent visits, *you may be responsible for the balance of a claim.* We will collect a copy of your insurance card and your driver's license as proof.
- 3. Co-payments and deductibles.** It is our policy to collect a co-payment at every visit. This arrangement is part of your contract with your insurance company. If you do not pay your co-payment at the time of the visit (we accept cash, checks, and some credit cards), we reserve the right to add a billing charge to your account. Some insurance companies may exempt certain types of visits from a co-payment. It is impossible for us to know which company exempts which type of visit; often we must wait up to three months for the insurers' explanation of benefits statement to find this out. If we should find out about an exemption when we receive the statement, we will adjust your previously paid co-payment as:
 - 1) A credit balance; or
 - 2) A refund, if requested by you in writing
- 4. Claims submission.** As a courtesy we will submit your claims to your insurance company to get them paid. You may need to supply certain information directly to your insurance company during this process should you be asked by your insurance company. *It is your responsibility to comply with their request.* If your insurance company does not pay your claim within 45 days, the balance will automatically be billed to you. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
- 5. Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may not be covered for whatever reason by your insurance company. Our office follows nationally accepted standards for coding and submitting claims to insurance companies. These standards, Current Procedural Terminology, are recognized and accepted by all Federal (Medicare/Medicaid) and commercial insurers. Occasionally insurance companies misinterpret these guidelines and improperly deny payment for a service. If an insurer improperly denies or

refuses to accept a correctly coded and submitted claim, we will need to bill the improperly “denied” portion to you. This portion becomes your payment responsibility. If you believe that such a situation has occurred, we will be happy to discuss this with you.

6. **Nonpayment.** If your account is over 45 days past due, you will receive a letter stating that you have 15 days to pay your account in full. Partial payments will not be accepted unless otherwise discussed. Please be aware that if a balance remains unpaid, we may need to refer your account to a collection agency, and you and your immediate family members may be discharged from our practice. Should this occur, you will be notified by certified mail that you will have 30 days to find alternative medical care. During that 30-day period, only urgent medical care will be provided.
7. **Missed appointments.** You will be charged a fee for missing your appointment or cancelling less than 24 hours prior to your appointment time. This fee is subject to change at our discretion. We will attempt to remind you about your appointments through phone calls or emails but it is ***ultimately your responsibility to keep track of your appointments.*** Any patient who misses three consecutive appointments may be asked to leave the practice; however, fees for missed appointments will still be charged.
8. **Forms.** Completing medical forms for you take time away from clinical practice and you will be charged a fee for this service. These forms include FMLA forms, school physical, camp physical, employment physical, vaccine documentation, CDL license, Disability and many others. Fees are subject to change at our discretion and the fees may vary depending on the complexity and time required to fill each form out. Fees are expected to be paid in full prior to form pick up, otherwise the fee will be billed to the patient’s account.
9. **Cash services.** Certain services provided by KFM are known non-covered services by insurances and will be explained to the patient prior to the rendering of such services. It is expected that patients will make full payment at each visit for these cash services. **Internet-visit**, when this service becomes available, for our established patients who are away or unable to make an office visit will be charged a fee and will be billed to the patient.
10. **Records.** We will charge you a fee equivalent to \$1 a page for your requested records with a maximum charge of \$100 for the entire record. This record fee will be waived if it is a request for a transfer of care to another practice.