



## FINANCIAL POLICY

Welcome to Emmitsburg Osteopathic Primary Care Center, Inc. In order for our medical staff to be able to deliver the quality of care that you are accustomed to; we have established our financial policies. The following is a summarized list of guidelines that are necessary in order to continue to provide high quality care and make your visit as pleasant as possible.

1. We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance.
2. If you have a change of address, telephone numbers, or employer, please notify the receptionist.
3. We will collect your deductible, co-payment, or charge for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, checks, Visa, and Master card.
4. If we do not participate with your insurance company, we will submit a claim for services as a courtesy. If the claim is not paid within 45 days of being submitted, we will bill you for the balance due.
5. If your insurance denies our charges or does not pay us in a timely manner, we reserve the right to reschedule your appointment until some form of payment and/or arrangement can be made. (If you are three payments behind on a payment plan we reserve the right to reschedule your appointment)
6. **MEDICARE PATIENTS:** We are a participating provider with Medicare and will bill Medicare for all your covered charges. If you have supplemental insurance, we will also bill that for you. If payment is not received from your supplemental insurance within 45 days of being submitted, we will bill you for the balance due.
7. **HMO-PPO PATIENTS:** If we participate with your plan, we will bill your insurance for you. Your co-payment will be collected at the time of service—no exceptions. If your plan requires you to choose a primary care physician, it is **your** responsibility to make sure your insurance company has the physician or group name that you are seeing in our office as your PCP. If your plan requires you to have an authorization to see a specialist, you still need to obtain that from our office prior to seeing the specialist. No retroactive referrals are given. If we do not participate with your plan, we will verify your out-of-network benefits, file your charges, and will expect payment of your portion of the charges at the time of service. If we are not your primary care physician, we will not be able to obtain an authorization to see a specialist or admit you to the hospital. **IF YOU NEED HELP DOING THIS, PLEASE ASK AN EOPCC STAFF MEMBER.**
8. **SELF-PAY PATIENTS:** Patients with no insurance will not be billed for charges. Charges for rendered services will be categorized into our charitable organization cause and be classified as “pro bono”. **You must make our office aware of your uninsured status.** You are financially responsible for charges until we are notified that you are uninsured.
9. **No show or missed appointments-** When an appointment is scheduled with the doctor, time is specifically allotted for you. When an appointment is not canceled in advance, and the patient “no shows”, another patient that needed to be seen may have been unable to because the time slot was already taken. We understand there may be times when you are unable to keep an appointment, but we ask the courtesy of a phone call to cancel an appointment by you. If **two** appointments are missed without cancellation, you will be charged a \$25.00 fee. If **three** appointments are missed, you will be dismissed from the practice for non-compliance.
10. Your insurance is a contract between you, your employer and the insurance company. **We are not a party to that contract.** It is very important that you understand the provisions of your policy. We cannot guarantee payment of all claims. If your insurance company pays only a portion of the bill or rejects your claim, any contact or explanation should be made to you, their policy holder. Reduction or rejection of your claim by your insurance does not relieve you of your financial obligation.

If you have any questions regarding our financial policy, please contact a member of EOPCC staff at (301)447-3310. If you have a question regarding your account please contact TJ Rock Medical Management & Billing Services at (301)831-4352 or (877)942-6138.

I have read and have a full understanding of the financial policy of Emmitsburg Osteopathic Primary Care Center, Inc.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_