

STAR FAMILY MEDICINE
BILLING AND PAYMENT AGREEMENT

Welcome to Star Family Medicine. We are happy that you have chosen us as your primary care medical office. Finances are always a sensitive subject to address; however, we believe that it is important to address insurance and payment issues at the onset of our relationship so that there are no issues for either of us once we begin. In order to facilitate a beneficial experience for you, let us explain how a primary care medical office operates and provide some tips on how to utilize your insurance benefits to your maximum advantage.

- Most people chose a doctor who is approved by their insurance company. Therefore, all initial paperwork must be completed correctly in order for us to receive third party insurance payment and so that you do not incur any unnecessary costs.
- Your individual insurance company sets your co-pay. You may also have a deductible that has to be met before the insurance will begin to pay for services. You pay this directly to your doctor's office and then when the deductible, (if any) is met, the insurance will begin to pay. This varies from company to company, so it is to your advantage to check with your company's benefit coordinator before you come in for your visit.
- Many companies require that you see a pre-selected primary care physician. Make sure you check with your insurance company that the doctor you wish to see is on their list of approved physicians. It is your responsibility to select our office as your PCP prior to the doctor's visit or the insurance company may refuse to pay for your visit and you will be financially responsible for the services not covered.
- Our practice doesn't participate with Medicaid. If Medicaid is your secondary insurance and there will be a left over balance after your primary insurance payment, you will be responsible for this balance as we won't be reimbursed by Medicaid.
- We cannot charge the insurance company for missed appointments; therefore it is our policy to charge \$25.00 for cancellations of less than 24 hours prior to a scheduled appointment or for no show. Remember that you have committed for that time and have blocked out a physician's time to others. There will also be a \$45.00 service charge for all returned checks.
- If you should change insurance companies let us know so that we can bill the appropriate party. Should you change insurances and not inform us, you may become liable for visits that could have otherwise been covered under your new insurance. A \$25 fee for resubmitting the claim to your new insurance will be applied. It is also important that you let us know whether more than one insurance company covers you, and if so which insurance is primary and which is secondary so that we can bill appropriately.
- Unpaid insurance balances over 60 days will become patient responsibility. Please ensure that we have your most current insurance information on file.
- We hope that this will clear up any questions you may have about the clerical end of your visit with us. Please feel free to ask any questions you have

By your signature it is understood and agreed that you are directly responsible for payment for the services rendered whether or not your insurance is involved. If it becomes necessary to go outside of the office to any agency for the collection of fees, you will be charged for the additional expenses.

Signature: _____ Date: _____