



Patient Name: _____

Khair Family Practice Patient Payment Policy

Khair Family Practice strives to ensure a clear understanding of your financial responsibility with respect to the medical services we provide. These policies apply to all procedures and departments.

Co-Pays: We require payment of co-pays at the time of service, and reserve the right to refuse treatment.

No Insurance: If you have no insurance, we collect the office visit before the visit and the remainder at the checkout. Self pay patients may receive additional bill for services rendered.

Payments: Your insurance company will determine what amount, if any, you owe to Khair Family Practice. Please be aware that some (and perhaps all) of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. If there is a balance due to your account, we will mail a detailed statement which is due upon receipt. **Do not assume that any statement you receive will be paid by your insurance company.** For your convenience, we accept cash, money orders, checks, and Visa, MasterCard, American Express and Discover. If your check is returned for insufficient funds, we reserve the right to add a penalty charge of \$25.00 to your account.

Outstanding Account Balances: We may refuse to see patients with an account balance and who are not making regular payments on their account balance. If you have an unpaid balance at the end of a billing cycle, we apply a \$5 late payment fee to your account. If you make a payment and it is insufficient to pay both the late payment charge and the principle amount due, we apply your payment to the late payment fee due and then we apply the remaining amount to the principal. In the event that your account is placed for collection, a collection fee will be added to your account, along with any attorney fees and/ or court costs that may be necessary for recovery of the outstanding balance. In the event of an NSF check, there will be a \$25 NSF charge added to the balance due.

Claim Filing: We happily file your claim with your insurance company as a courtesy. We bill insurance in accordance with all federal, state and other contractual requirements in cases where we have an agreement or we are a participating provider. Please keep in mind that payment remains your responsibility. We are happy to help aid to get your claims paid, from time to time your insurance company may need you to supply certain information directly. We expect payment in full from you if your insurance company delays processing of your claim for over 60 days. You agree to pay any portion of the charges not covered by insurance. If your insurance company sends payments directly to you, send or drop-off the payment to Khair Family Practice, and we will apply it to your account.

Preauthorization: Most insurance companies require preauthorization before you have a surgical procedure. Failure to obtain preauthorization may result in your insurance company refusing to pay your claim. Any refusal of payment by insurance for this reason is your responsibility.

Dependants: You are responsible for payment of services rendered to your dependents on your account. In cases where a written court order allows payment for medical costs associated with a dependent, it is the responsibility of you to obtain reimbursement from the other party involved.

Forms/Letters/Medical Records: The completion of disability forms, FMLA forms, attending physician statements, and other supplemental insurance forms all require office supplies, physician and staff time to complete, therefore a \$10.00 fee for each form will be charged and must be pre-paid. Note, there will be a 14 day turnaround time for completion, so make arrangements accordingly. Non-standard or multiple page forms may result in a higher rate. The following procedures are not filed with insurance companies and are subject to prepaid amounts. Sports, college, and school (eye, ear & dental) physicals are a \$100.00 prepaid fee. Pre-employment, and adoption physicals are a \$100.00 prepaid fee. Any additional labs/procedures that are not included in these services may incur further charges.

Attestation Statement:

I have read, understand, and agree to the above Khair Family Practice Payment Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility. I acknowledge that these policies do not obligate Khair Family Practice to extend credit.

I authorize my insurance benefits be paid directly to Khair Family Practice.

I authorize Khair Family Practice to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim in compliance with HIPAA regulations.

Print Name of Patient

Signature of Patient (or responsible party if minor)

Date