

Cumberland Family Medicine, LLC
Office and Payment Policy

Thank you for choosing us as your primary provider. As a Patient-Centered Medical Home, we are committed to providing you with quality and affordable health care. A PCMH is a primary care doctor's practice that coordinates patients' health care needs and helps ensure they receive quality care, at the right place and at the right time. This approach provides personalized and comprehensive health care program that enables patients to become engaged in their health care.

Insurance: We participate in most insurance plans, including Medicare. If you are not insured by a plan that we do business with, payment is expected in full at each visit. If you are insured by a plan that we do business with but DO NOT have an up to date insurance card available then payment in full for each visit is required until we are able to verify your insurance. **Knowing your insurance benefits is your responsibility so please contact your insurance company with any questions.** If your insurance changes please notify us before your next visit so that we can make the appropriate changes to help you receive your maximum benefits.

Proof of insurance: All patients must complete our patient information form prior to seeing the provider for a visit. We must obtain a copy of your current valid insurance card. If you are required to select a PCP you must have selected our office before being seen. All workman's comp and Motor Vehicle Accident related injuries must present written claim information at the time of the visit. If you fail to provide us with the correct insurance information in a timely manner you will be responsible for the balance of the claim.

Co-payments: All co-payments are due at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Non-covered services: Please be aware that some, and perhaps all, of the services you receive may not covered or considered reasonable or necessary by Medicare or other insurances. You must pay for these services at the time of your visit.

Claims submission: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. IF your insurance does not pay your claim in 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.

Missed appointments: As a courtesy, our office calls to confirm upcoming appointments. It is your obligation to keep track of your scheduled appointments. To cancel an appointment, you may call during normal business hours to do so. Our office policy is to charge \$25.00 for missed appointments that were not canceled in a timely manner (24 hours or more notice). These charges will be your responsibility and billed directly to you. 3 or more of these missed appointments will result in being discharged from the practice. If this is to occur, you will be notified by certified mail that you have 30 days to find alternative medical care. During this 30 day period we will continue to treat you for emergencies ONLY. Please help us serve you better by keeping your scheduled appointments.

Work/School notes: Please discuss your need for a note during your visit with your provider. If you are not seen for an illness but you did call our office the first day you were ill, we will give you a note, the charge for that note is \$5.

Forms: Our office charges \$15 to complete forms and it takes 2-5 business days to complete. Any notes that need to be written on letterhead or a prescription blank there will be a \$5 charge. We do not charge for state disability forms. Forms will not be completed during hours when the provider is seeing patients. Some forms require additional testing or information in which case the provider will need to see you. If it is found that more information or testing is needed we will call you to schedule an appointment.

Medications: Please bring all medications bottles to your routine visits. Your provider will send/write all refills at this time. When you are in need of a refill please contact your pharmacy and have them send us the request directly. Do not wait until your pill bottle is empty to request a refill. Please allow 48 hours for refill requests to be processed. **DO NOT call the emergency service after hours for refills.**

Referrals: We make every effort to have our referrals done prior to your specialist visit. In order to do so, we must ask that you give us at least 48 business hours notice to complete them. Our referral line can take your request 24 hours a day/7 days a week. If your referral can not be sent electronically you are required to pick it up and bring with you to your appointment. If you have not been since in a year, or our provider did not see for the problem then a referral will not be issued, you will need to make an appointment to be seen.

Medical Records: You are entitled to copies of your records, upon written request with a \$1.00 per page fee that must be paid in advance. We will send a copy of your records to another physician upon written request at no charge to you.

Cell phone usage: Please be respectful of your provider, staff and other patients and do not use your cell phone during your appointment.

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

Signature of patient or responsible party

Date

