



IPMS Financial Policy

Thank you for choosing Independence Park Medical Services as your primary care provider. We are committed to providing you and your family with quality and affordable health care. IPMS believes that part of a good healthcare practice is to establish and communicate a financial policy to our patients. IPMS's policies are listed below. Please read and sign in the space provided. If you have any questions, please ask one of our front office staff to call a Billing Account Representative for assistance.

PAYMENT

IPMS accepts cash, check and all major credit cards. We expect payment at time of service. If you have insurance, all deductible, co-pay and/or co-insurance must be paid at the time of service. This arrangement is part of your contract with your insurance company. We will also collect on any past due balances on your account. If you request an appointment and have any unresolved balances on your account, you will be referred to a Billing Account Representative to discuss payment arrangements. IPMS payment plans are based on financial need and requires physician's approval.

ADDITIONAL CHARGES (charges that may be billed after you leave IPMS)

Your bill will include office visit, x-rays, lab work, procedures performed and other charges related to your care. Please be advised that some charges may not appear on your fee slip when checking out, and are subject to change upon review.

NON-COVERED SERVICES

Some treatments are not covered by insurance, and are expected to be paid at time of service. Because individual policies vary, it is not possible for our staff to know exactly what your policy will cover. We highly encourage patients to contact their insurance carrier to preauthorize treatment and inquire about service coverage prior to their visit. You may be asked to sign a waiver assuming financial responsibility for non-covered services on procedures your insurance deems not medically necessary or experimental.

PROOF OF INSURANCE

We must obtain a copy of your driver's license and current valid insurance card(s) to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

SELF PAY – NO INSURANCE

Should you find yourself to be uninsured, payment in full is expected at time of service. Patients who do not have insurance may qualify for a discount. Please be advised that the discount is only good when the charges are paid in full at the time of service. Discounts do not apply to FAA, DOT, DDS, laboratory fees, imaging/radiology and ancillary fees.

MEDICARE | MEDICAID

Patients receiving Medicare/Medicaid benefits are required to pay their copay at each visit. Any service not covered by Medicare/Medicaid is your responsibility. You will be required to pay for your portion at each visit. You may be asked to sign a waiver of liability to ensure you understand your Medicare payment responsibilities.

IPMS is not accepting NEW Medicare/Medicaid patients at this time.

PRIVATE INSURANCE

IPMS participates in most insurance plans. Because healthcare benefits and coverage options have become increasingly complex, it is your responsibility to know your insurance benefits (i.e. copays, coinsurance, deductibles, preferred providers/hospitals, referrals, preauthorization's, non-covered services, etc.). Your health plan determines your coverage and limits. We will do our best to assist you with understanding your proposed treatment and in answering any insurance questions you may have. ***Examples of insurances we do not bill are: Student Insurances, HMO's, out of state insurances which cannot be verified and Third-Party Liability Auto Insurance. IPMS is not accepting NEW Tricare/VA patients at this time.***

FAA/DOT/DDS

These visits and related charges are typically not covered by insurance. Furthermore, as IPMS has a reduced self-pay fee schedule for these services we may not bill insurance for them even though some insurance companies may pay for such services. Payment in full is expected on the day you are seen. Discounts do not apply to these types of visits.

PATIENT REFUNDS

At times, refunds or credits are created on the account. If you receive indication from your insurance company that a possible refund is due, please contact our Billing Office. Payment and credits are applied to the oldest charges first, except for insurance payments which are applied to the corresponding dates of service.

REFILL/PRESCRIPTION REQUESTS

Refills are designed to expire when you are due for your follow up appointment. You may be required to schedule an appointment to see a provider first. You may request a refill through your pharmacy OR call the clinic with your refill request. Please allow 48 hours' notice for your prescription. At that time, we recommend that you contact your pharmacy to make sure that your medication is ready for pick up. We will call you if we have additional questions, concerns or if we are unable to refill your prescription.

APPOINTMENT POLICY

To ensure that each patient is given the proper amount of time allotted for their visit and to provide the highest quality care, it is very important for each scheduled patient to arrive for their visit on time. If it's necessary to reschedule an appointment, please call us immediately. We may be able to accommodate same day sick appointments, although these might not be scheduled with your regular PCP.

- **Late Arrival:** IPMS Clinic makes every effort to keep clinic visits on time. By accepting late arrival patients, other patients arriving on time could be delayed. Patients arriving 10-minutes past their scheduled appointment time, may be asked to reschedule their appointment and possibly subject to a late fee. Note: if staffing is available, we may be able to ask the patient to wait and be worked in without causing additional delays in the clinic schedule. A late arrival that needs to be rescheduled will be considered a No-Show appointment on the patient's record.
- **Reminder calls/texts:** These are courtesy calls made 24 hours prior to appointment. Patients are responsible for arriving to their appointments on time
- **Cancellations:** A Minimum of 24 hours' notice is required when cancelling appointments. Less than 24 hours' notice is considered a "Missed Appointment" or "No Show"

NO SHOW POLICY

PT Initials

No-show appointments have a significant negative impact on our practice and the healthcare we provide to our patients. Any patient who fails to arrive for a scheduled appointment or fails to cancel the appointment with less than 24 hours' notice is considered a "NO-SHOW". A patient who no-shows (3) times within a 12-month period is subject to dismissal from IPMS.

COLLECTIONS

Payment for services received at IPMS is ultimately the responsibility of the patient, regardless of insurance status. Balances are due **within 30 days** of the first statement. If you are unable to make payment in full, payment plans are available. Accounts **past 90 days** are considered delinquent. If patient refuses to remit payment or make payment plan arrangements, the patient account will be reviewed for possible collection action and possible dismissal from IPMS. Should your account go to an outside collection agency it will be assigned to **Cornerstone Credit Services**. You are responsible for IPMS balance including all fees to any collection agency charges.

AS A FINAL NOTE:

Remember, you and/or your employer pay the monthly insurance premiums. Your insurance company is accountable to you. Do not hesitate to contact them if you disagree with their payment or to find out the status of your claims.

If you have any questions regarding this financial policy, please ask or call to speak with one of our Billing Account Representatives prior to being seen by the doctor. If you have any questions or concerns regarding your financial responsibility to IPMS, please do not hesitate to ask. We hope that by providing this detailed information, our patients will be more aware and empowered when receiving treatment at Independence Park Medical Services.

By signing below, I have read and acknowledge the above financial policies. I understand that I am ultimately responsible for any charges, regardless of insurance coverage. I agree to update this office on any changes in my contact or insurance information during the course of billing and treatment.

Signature_____ Date_____

Print Patient Name_____ DOB_____