# **Financial Policy**



#### FORMS OF PAYMENT ACCEPTED

In addition to insurance, cash, check, and most types of credit/debit cards, including HSA debit cards.

## What IS A CO-PAY?

A fixed amount the patient pays for covered health care services at the physician's office. **Insurance co-pays are <u>due at time of visit</u>**. If you are unsure of what your co-pay is, contact your insurance company before your appointment.

# What is a DEDUCTIBLE?

The amount you pay during your policies benefit term before the insurance company contributes.

# What is CO-INSURANCE?

When you are responsible for a percent of your health insurance (even after the deductible is met).

#### **SELF PAY**

All charges for services rendered at the appointment are <u>due at time of visit</u>. Individuals with no health insurance or opt not to use health insurance for the visit, are considered self-pay. Patient will be provided a Good Faith Estimate (GFE) of potential charges.

## **PAYMENT PLANS**

Under special circumstances, payment plans may be available and NMMP will deduct monthly re-occurring charges from a credit or debit card until the balance is paid in full. We want to work with you to get your balance paid in full.

#### SERVICES NOT COVERED BY INSURANCE

Patient or guarantor (parent) is responsible for all charges that are not covered by insurance. Our office will file an insurance claim on your behalf. If insurance, for whatever reason, will not pay the charges, the patient is fully responsible for the balance of the charges, including immunizations.

## **STATEMENTS**

Once your portion of the cost of care is determined based on insurance coverage, you will receive a statement from the Practice. Statements for balances under \$10 are not mailed and we will advise if you have a balance. Failure to pay may result in not being able to schedule appointments, discharge from the Practice and/or sending the account to a collection agency. NMMP and/or the collection agency may also reach out to you via text, portal, and email if applicable in order to collect timely payment.

## **CREDITS**

Sometimes your account may have a credit balance. Balances under \$50 are kept on the account for future use. Credit checks are mailed quarterly or upon request.

## **WORKER'S COMPENSATION**

If your visit is part of a worker's compensation claim, bring to your appointment the claim number, carrier information, and the name and number of the person handling your claim.

## **FEES**

If you miss a scheduled appointment without providing advance notice to the Practice you may be charged a fee of \$50. Excessive "no shows" or "late cancels" may result in **permanent** discharge from the Practice. Returned checks are charged \$35.

# **AGE OF RESPONSIBILITY**

Once an individual turns 18, he/she is legally responsible for payment of health care charges incurred at NMMP. For example, if a 19-year-old is still on their parent's insurance, although it is the parent's policy, the 19-year-old is legally responsible.



Call us with billing questions before or after your visit regarding information about potential charges. Our billing department can be contacted by calling **231-709-6196**.



We recommend that you stay in contact with your insurance provider so you are aware of your policy benefits. Usually, there's a phone number on your insurance card.