

# Woodland Hills Medical Clinic

## FINANCIAL POLICY FOR URGENT CARE PATIENTS

Thank you for choosing Woodland Hills Medical Clinic as your urgent care provider. We are committed to providing you comprehensive, compassionate, and convenient healthcare at a price you can afford. We believe that a good provider/patient relationship is based on understanding and communication. We feel it is important to provide you with this Financial Policy, which outlines patient financial responsibilities related to payment for our services. If you are concerned about the potential charges of using a medical clinic, please speak to our staff immediately.

*Patients Without Insurance* We accept patients without insurance. Payment is due, in-full, at the time services are rendered. Best efforts will be made by the clinic to estimate the total charges for visit. Payment for a basic visit is required up front. Any additional diagnostic testing, procedures, medications administered, and/or supplies/equipment used during the visit, will be due, in-full, upon office visit.

- Patients with participating Insurances & Medicare We participate with a variety of insurance plans and with Medicare, It is your responsibility to:
- Understand your insurance benefits, including co-payment/co-insurance and/or deductibles.
- Bring an accepted form of payment, and be prepared to pay any unmet deductible and your cp-payment before each visit.
- For medical care not covered under insurance, payment in full will be required at the time of service.
- Update us of any changes in insurance coverage since last visit.

*Copayment and Deductibles*, we want to help patients better understand why they are being charged certain amount, and why these amounts may differ from those charged. It is important to understand that a patient's out of pocket amount is determined by the insurance plan chosen by the policy holder and /or their employer. Some employers offer employees a variety of plans, from several different insurance companies, from which to choose. The cost of the plan is often directly related to the deductible/copayment amounts, the higher the monthly premium, the lower the deductible/copayments, and vice versa. Rest assured, we charge from a standard fee schedule, and any differences in charges from person to person stem from differences in insurance coverage and/or the status of an individual's deductible at the time of visit. Copayments and deductibles are a contract responsibility between you and your insurance company, and are non-negotiable. It is our policy to collect all co-payments and/or any unmet deductible at every visit, during the registration process. If you still have questions regarding your charges, you are encouraged to call our billing office at (818)340-3636.

# Woodland Hills Medical Clinic

***Authorizations/Referrals*** We as your primary care provider it is our responsibility to submit the Referral to your insurance company, once submitted it is out of our jury to make any changes, updates, or revise the authorization. If the patient is unhappy with the decision made by your insurance company it is patient's responsibility to file an appeal with your insurance company, file a complaint, and/or change medical groups.

***Non-Participating Insurances*** If you have insurance that the office does not participate in, you will be responsible for payment; our billing office will file a claim with your insurance. If any portion of your visit was not covered, you will be sent a bill.

***Non-Covered Services*** Please be aware that some, and perhaps all, of the items or services you receive may not be a covered benefit under your insurance plan. You will be responsible for payment, in-full and at the time of service, charges for any non-covered items and/or services.

***Secondary Insurance*** If you have insurance coverage under more than one plan, we will courtesy file with your secondary insurance. To do this, we will need to know which plan is primary and which plan(s) is secondary.

***Motor Vehicle Accidents & Third Party Payers*** In most cases, we consider this a private matter between you and your auto carrier. Your medical carrier may not cover care. Therefore, you may be required to pay for all services at the time of service. We do not file claims to auto carriers or accept liens.

***On the Job Injuries***, we accept patients for initial evaluation, treatment, and/or stabilization of workplace/work-related injuries. If your employer carries Worker's Compensation Insurance, we will file your claim for you and bill your employer's worker's compensation plan directly. After initial treatment at our clinic you will be responsible to follow up with a doctor or specialist if needed. Any denied services are your responsibility. Once you have reported to Woodland Hills Medical Clinic staff that your visit is due to a workplace or work-related injury, it will be documented as such. All circumstances of the injury will be documented, including where, when, how etc. We WILL NOT omit information or alter/change documentation in order to receive payment. If you request that we submit the claim to your medical insurance carrier, we cannot guarantee that they will pay for your visit. If your claim is denied for any reason or if your employer fails to timely file your claim, you will be held responsible for the full payment for the services rendered. If your claim is rejected due to errors in the information you provided, you will be responsible for all charges.

***Payment Arrangements*** Typically we do not make payment arrangements. In the event, you have a balance remaining after insurance has paid or if the deny the claim, the balance is due in full; however, if you are unable to make the full payment, you may call us to plan to bring your account current.

***Past Due Accounts & Collections Accounts*** If your account is past due or has been turned over to a collection agency and you want to be seen, you must pay the past due balance in full, as well as any current charges for which you are responsible. We reserve the right to refuse service to you for repeated non-payment.

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*Waiver of Confidentiality* If your account is turned over for collections to a third-party collection agency, or if a past due amount is reported credit bureaus for a late payment, non-payment, or charge –off, the record of the patient visit may become public record. Failure to maintain financial responsibility may cause you to forfeit your right to confidentiality.

*Durable Medical Equipment (DME)* Many insurance carriers, will no longer pay for durable medical equipment (DME), such as crutches, braces, and boots etc., obtained at a physician’s office or clinic. Therefore, if you wish to obtain DME at the time of your visit, you may be required to pay in full at the time of service.

*Additional Charges Medical* Records may be obtained upon written request for \$25.00 administrative fee.

*Treatment of a Minor* If the patient is a minor (under 18 years of age), the parent or legal guardian must complete all registration forms. The parent, legal guardian of a minor is financially responsible for payment at the time of service, as well as obtaining any required referral and providing insurance picture ID cards. Minors must be accompanied by a parent/legal guardian or by a designated adult who has been given written permission to make medical decisions, on behalf of the parent/guardian, for the minor child. Please Note: Our office can only discuss billing information (no medical information) on an account for a patient 18 years of age and older, regardless if the patient is financially responsible.

*Forms* We recommend you bring to your visit, all forms that need to be completed by us (such as employer return to work etc.). If you require us to complete any forms you will incur a **\$100.00** administrative fee for one page anything more than one page will be **\$150.00**. All requests must allow at least 48 hours for completion.

*Appointments* When an appointment is made we encourage you to keep the appointment; If for any reason you are unable to make it to the date of the appointment please let our staff know 24 hours prior of the appointment; however, if you do not let us know 24 hours in advance there will be a fee of **\$50.00** for every missed appointment without notice.

Disclaimer Woodland Hills Medical Clinic reserves the right to refuse treatment to anyone who fails to comply with these policies.

These policies are subject to change without notice. Your signature below indicates that you have read and agree to this financial Policy.

\_\_\_\_\_  
Responsible Party Signature

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Date