

Financial Policy

Welcome to McIntosh Clinic and Privia Medical Group! We are pleased that you have chosen us as your care provider. Our mission is to provide you with the highest level of professional medical care with the highest degree of patient satisfaction. One important aspect of optimal patient care is to have an agreement as to financial responsibility to avoid any misunderstandings and to ensure timely payment for services.

McIntosh Clinic and Privia Medical Group policy requires that all patients sign the Authorization and Consent for Treatment Form prior to receiving medical services. The form confirms that patients understand services being provided are necessary and appropriate. The form also advises patients of their complete financial responsibility for all medical services received without regard to insurance eligibility or coverage determinations.

Payment Responsibility

Patients or their legal representative are ultimately responsible for all charges for services rendered. Payment is expected at time of service for all charges owed for the current visit as well as any prior balance. For those insurance plans with real time adjudication, payment will be collected at check out for charges incurred that day. For insurance plans that do not provide immediate patient responsible information, settlement of your balance can be accomplished via card-on-file (preferred) or you may pay a deposit on date of service.

For card-on-file, we will charge your card for the balance you owe as soon as your insurance company informs us of the patient's responsibility. Under the deposit option, you may pay an estimate of the expected patient responsibility and we will settle the balance upon receipt of the Explanation of Benefits (EOB) from your insurance company by either sending a refund in case of overpayment or sending a statement for the balance due. Both payment options benefit you by reducing administrative burden and settling your portion of the bill in a timely manner.

For Annual Wellness visits or Physical Exams for which you require additional services beyond the scope of the wellness exam or physical, an additional charge will be incurred and you will be asked to pay resulting additional copayments or patient responsibility amounts.

TYPES OF PATIENT PAYMENTS

- 1. Co-payments** - We are contractually required by insurance carriers to collect co-payments at the time of services are rendered. The patient's appointment may be rescheduled if he/she is not prepared to make this payment.
- 2. Deductibles** - Some insurance plans require patients to pay a predetermined amount before services will be covered.
- 3. Co-insurance** - Some insurance plans require that patients pay a predetermined percentage (e.g. 20%) of the allowed charge amount.
 - If amount can be determined at time of service, amount will be collected.
- 4. Uninsured Patients (Self-Pay)** - Payment for all services rendered is due at the time of service. Patients paying the total of charges for that days visit will be given a prompt pay discount. If the total charge amount is not available at the time of checkout, the patient will be required to pay a deposit that will be applied to his/her charges. If the deposit exceeds actual charges then a refund will be issued.
 - New patients: total charge or a minimum \$300 deposit.
 - Established patients: total charge or a minimum \$150 deposit.
 - Uninsured patients having a procedure will be required to pay the total charge amount of the anticipated charges or a minimum \$250 payment to the provider's office prior to the procedure being performed.
- 5. Out-of-Network** - Patients being seen as Out of Network will be required to pay a payment for that day's visit at the time services are rendered. We will courtesy bill your insurance company. If the total charge amount is not available at check out, the patient will be required to pay a deposit that will be applied to his/her charges as described in the Payment Responsibility section above.

- New patients: the total charge amount or a minimum \$300 deposit.
- Established patients: total charge or minimum \$150 deposit.

6. Non-Covered - "Non-covered" means that a service will not be paid under a patient's insurance contract. If a patient is unsure whether a service is covered by his/her plan, it is ultimately the patient's responsibility to call his/her insurance carrier to determine what the schedule of benefits allows. If non-covered services are provided, the patient will be expected to pay for the services at the time of service. Appeal procedures are generally available and billing staff will assist patients in attempting to resolve adverse determinations. Under no circumstances will billing staff falsify or change a diagnosis or symptom in order to convince an insurer to pay for care that is not covered.

For Medicare, all non-covered services will be communicated to the patient prior to treatment and documentation of his/her acceptance of financial responsibility will be obtained prior to providing treatment. The Centers of Medicare and Medicaid Services (CMS) has mandated the form "Advance Beneficiary Notice (ABN)" to be used for this notification.

Insurance

All patients must present their insurance card (if applicable) and proof of identification (e.g. Photo ID, Driver's license). Patients who do not provide current proof of insurance may be billed as a self-pay patient. If at a later time the patient presents his/her insurance card(s), services already rendered may or may not be retroactively billed depending on the insurance's claim filing requirements.

The patient's insurance is a contract between him/her (and/or employer) and the insurance carrier. McIntosh Clinic and Privia Medical Group are not a part of this contract. For this reason, we cannot waive copays or deductibles.

Patients are responsible to:

- Know if a referral is necessary for office visits. (If patient chooses to NOT follow payer policy regarding obtaining a referral from Primary Care Provider, patient can be seen as a Self-Pay and payment in full at time of service will be required.)
- Check with their insurance carrier to determine if recommended testing is covered under their medical coverage policy. (If patient chooses to have non-covered testing, payment in full at time of service will be required.)
- Contact the insurance carrier to determine the schedule of benefits and if a co-payment or deductible applies.
- Arrive for appointments with proper documentation.
- Appeal adverse determinations.

Insurance Verification - Verification of patient's insurance eligibility will be done 2 business days prior to scheduled visits. If staff members are unable to confirm active insurance coverage for a patient, the patient will be contacted and advised of his/her insurance eligibility status. Patients who are unable to present an alternative form of active insurance coverage prior to the visit will be informed that they classify as Self-Pay and will be required to pay at the time services are rendered or may reschedule their appointment. For same day appointments, eligibility will be checked as the appointment is made.

Insurance Claims Processing - McIntosh Clinic and Privia Medical Group accepts assignment of benefits for many third party carriers. In accordance with the insurance carrier contracts patients will be required to pay co-payments at the time services are rendered. McIntosh Clinic and Privia Medical Group will submit charges for services rendered to the insurance carrier. The patient or guarantor will be expected to pay the entire amount that is determined to be patient responsibility. These fees are for physician services only and there may be additional charges from laboratory, radiology, or other diagnostic related providers.

Non-contracted Insurance - If non-contracted “out of network” insurance (an insurance company with which our providers are not contracted) has not paid within thirty (30) days, the remaining balance, beyond the amount we collect at time of service, is the patient’s responsibility.

Outstanding Balances

Any outstanding balance that is due from the patient is payable in full upon receipt of statement. In the event a patient presents for an office visit and has an outstanding balance, a request for payment will be made.

Statements are generated on a twenty-eight (28) day cycle. Patients who fail to respond to statements will be placed into collection status. Patients with an outstanding balance for more than (90) days may be referred to an outside collection agency and will be charged a \$20 collection fee in addition to the balance owed.

A patient with unpaid delinquent accounts or accounts which have been written off to bad debt may not receive additional scheduled services unless special arrangements have been made. The patient may be discharged from the practice, however, in all situations the urgency of treatment will be taken into consideration.

Late Arrivals, Cancellations and No-shows

Late arrivals - Patients who arrive late for a scheduled appointment may be asked to reschedule the appointment or wait for an open appointment time on that day’s schedule. The physician may decide to work the patient in but this is at the discretion of the physician. There is no option or preference given for a particular provider.

Cancellations - Patients shall call at least one (1) business day in advance if unable to keep a scheduled appointment time or the practice will consider the patient a “no-show”.

In accordance with our practice guidelines, a patient may be discharged from the medical practice for “no-showing” for a scheduled appointment.

No-shows will be documented in the practice management system and a history of no-shows may result in refusal to schedule future appointments. McIntosh Clinic and Privia Medical Group staff will notify a patient via regular mail when this decision is made. First visit appointments that are repeatedly cancelled and new patient no-shows will count toward the patient’s no-show record and may result in non-acceptance or discharge.

New Card-on-File Feature

As you know, if you have ever checked into a hotel or rented a car, the first thing you are asked for is a credit card, which is scanned and later used to pay your bill. This is an advantage for both you and the hotel or rental company, since it makes the checkout process easier, faster, and more efficient.

We have implemented a similar policy at our practice. You will be asked for a credit card at the time you check-in, we will scan the card in our system, and the information will be held securely until your insurance has paid their portion and notified us any additional amount owed by you. At that time, you will receive a notification that the remaining balance owed will be charged to your credit card, and you will receive a receipt for the charge.

This will be an advantage to you, since you will no longer have to receive statements, write out and mail us checks. It will be an advantage to us as well, since it will greatly decrease the number of statements that we have to generate and send out, and reduce the difficulty in following up with patients, allowing us to focus on more important issues, like your care. The combination will benefit everybody in helping to keep the cost of health care administration down.

This new program will in no way compromise your ability to dispute a charge or question your insurance company’s determination of payment.