



## *Financial Policy*

### **About Us:**

Ironwood Family Practice is committed to providing high-quality, comprehensive family health care and personal service to our patients. For every commitment, there is an obligation. It is the patients' responsibility to meet their financial obligations.

As we see patients from many different insurance plans, it is impossible for us to know all the covered benefits, copays and deductibles for each individual plan. While it is our intention to assist you, it is still your responsibility to ensure that all services rendered or referred by Ironwood Family Practice on your behalf are paid in full. In order to clarify Ironwood Family Practice's Financial Policy, we have listed below our financial requirements:

### **Contracted, PPO & HMO with Copays or Deductible**

If we are contracted with your insurance carrier, we will bill your insurance for you. Copays are collected upon check in at the time of service, as required by your insurance company. If you do not pay your copay at the time of service, you may be subject to a \$10 processing fee for us to process a statement to collect your copay. There may be situations where you may be left with a balance when unknown copays, deductibles or non-covered services exist. This balance will not be subject to a processing fee and is due 30 days from the date on the billing statement you receive. However, if you fail to pay within that 30-day period, you will be subject to a \$10 processing fee unless other payment arrangements have been made. You will not receive a statement of a balance due from our office until after your insurance carrier has processed your claim, either paying their portion of the charges, applying them to your deductible, or transferring them to patient responsibility.

### **Non-Contracted or Other Insurance Carriers**

As a courtesy to all our patients, we will bill your primary insurance for you. You will, however, receive a statement from our office immediately after your services are rendered. If your insurance has not paid for the services rendered within 30 days, you are responsible for paying the balance in full. If the balance is not paid in full, you will be subject to a \$10 processing fee until the balance is paid in full, unless other payment arrangements have been made. We will reimburse you for any payment we receive if and when your insurance pays us directly. If you know your deductible is not met or the services rendered are not a covered benefit, we request that you pay at the time of your visit.

### **Patients Without Insurance Coverage**

Payment at the time of service is required. We offer a 10% discount to patients paying for their services in full at the time of their visit. Short-term payment plans are available but must be requested prior to the services being performed.

### **New Patients**

If you are a new patient and you have a copay, the copay is collected at the time of service. However, if you do not have a copay, you are required to pay \$30 at the time of service. Any remaining balance will be billed to your insurance. If you have a balance after your insurance carrier has processed your claim, you will receive a statement for the remaining balance. If you do not have insurance, payment at the time of service is required. The 10% discount, as noted above, will apply.

### **Workers Compensation Claims**

If you are seeing one of our providers for an injury that occurred during the course of your employment, please be sure to notify the receptionist that your injury is "work-related". You will be given the proper paperwork to be filed with your employer and their insurance carrier for payment of services. Please be advised that our office is obligated by law to report all work-related injuries to the Department of Labor and Industries. If your employer or their insurance carrier denies your claim, you will be held financially responsible for all charges incurred for services rendered on your behalf.

**\*\*If your injury is covered under Washington Labor and Industry, we cannot see you for this injury.**

## **Medicare Patients**

We will bill Medicare for you. You will receive a statement after Medicare has processed your claim, either paying their portion of the charges, applying them to your deductible, or transferring them to the patient responsibility. If you have supplemental insurance to Medicare, we will also bill your Medicare Supplement for you. You will receive a statement from our office after Medicare and your secondary insurance have processed your claim.

## **Medicaid Patients**

We accept children under the age of 18 years old that reside in Kootenai County on the Idaho State Medicaid program. Children on the Medicaid program are required to present a current medical card to the receptionist upon arrival at each visit. If you do not have your current medical card upon arrival and we are unable to verify your eligibility, you may be asked to reschedule your appointment or pay for your services in full at the time of service.

## **Civil Suits, Auto, Home or Business Owners Claims**

If you are involved in a civil suit, auto, home or business owner's accident and are seeking payment from the responsible party, we expect payment at the time of service. We do not bill the responsible party's insurance or attorney for your services in these situations due to the length of time it takes to settle these claims. We will provide you a copy of your statement so you can bill the responsible party.

## **Laboratory and Other Ancillary Services**

Although Ironwood Family Practice provides many of its services in the office, at times it is necessary to obtain services from an outside laboratory or other ancillary service. You will receive a separate statement of charges for services provided outside our office. An example of these services would include: laboratory charges for special tests ordered, specimen evaluation, radiological services, etc.

## **Services Provided to Minors**

A "Minor" is defined as someone under the age of 18 who is not considered legally emancipated from his or her parent or guardian. We realize that there may be an arrangement regarding who is responsible when paying for medical services provided to a minor. However, it is our policy that the parent or guardian who requests medical care for the minor is the financially responsible party.

## **Missed or Failed Appointments**

We understand that circumstances may arise causing you to cancel or reschedule your appointment. However, please be considerate to our patients that need to be seen sooner by notifying our office at least 24 hours prior to your scheduled appointment time. Patients who do not notify our office at least 24 hours in advance may be charged a \$25.00 fee which is not covered by your insurance.

## **Nonsufficient Funds/Collection Accounts**

All nonsufficient funds will be subject to a \$20 fee. If your account is turned over to collection, you will be sent a termination letter indicating that you seek medical care elsewhere.

*Thank you for reviewing this information carefully. If you have any questions or need to establish a payment plan, please contact our Business Office at 208-292-3107 or [www.ironwoodfamilypractice.com](http://www.ironwoodfamilypractice.com)*