

Commerce Primary Care, P.C.

Financial Policy

Thank you for choosing Commerce Primary Care as your healthcare provider. We are committed to providing you with the best possible medical care. The following information outlines your financial responsibilities related to payment for professional services:

We participate in most major health plans. Our office will submit claims on your behalf for services rendered. It is the patient's responsibility to provide all necessary information before leaving the office. If you have a secondary insurance, we will automatically file a claim with them as soon as the primary carrier has paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. If you fail to provide the information, claims will not be paid and will be billed to you. Please remember that insurance is a contract between the patient and the insurance company.

Auto/Workers' Comp Claims. Please inform the front desk staff if your visit is related to an auto accident or workers' comp injury. We must have your injury & claim information in order to bill the visit.

If you do not have health insurance, payment for your office visit and any additional procedures **must** be paid at the time of the visit. We will also ask that you read and sign our self-pay policy. Self-pay patients will not be allowed to carry a balance. We will not allow patients with insurance to self-pay. It is a violation of our contract with the insurance company.

We will ask for your current insurance card at every visit. This is to ensure that the information we have is correct, and that your plan is current and one in which we participate. If you fail to provide us with the correct insurance information, you will be responsible for the charges. If you change insurance companies, it is your responsibility to notify our office. For Medicare patients, we must have a copy of your Original Medicare card, even if you have a Medicare Advantage plan with another company.

It is your responsibility to understand your insurance benefits. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered. Medical services that are not covered, out-of-network, or not medically necessary will be your responsibility. Before having any recommended tests and procedures (including labs), we suggest you verify coverage with your insurance company to avoid any surprise bills.

Patients are responsible for co-pays, co-insurance, deductibles and non-covered services. Insurance companies require us to collect co-payments at the time of service. Additionally, you may have coinsurance and/or deductible amounts required by your insurance plan. Any outstanding balance on your account, after adjusting for all your insurance's responsibilities, will be billed to you. We also encourage you to read the Explanation of Benefits (EOB) from your insurance company.

If you have an HMO plan (HAP, BCN, Humana, Total Health Care, etc.), you are responsible for contacting the insurance carrier **and updating the primary care physician (PCP)** to Dr. Samuel Jonnalagadda or Dr. Alka Jain. Even if you see another medical professional in our office, Dr. Sam or Dr. Jain should be the PCP. You will be responsible for the charges if this is not done before your appointment. We will not schedule a new patient with an HMO plan until we can verify the PCP.

It is the policy of Commerce Primary Care to treat all patients fairly and equally regarding account balances. The practice will not waive, fail to collect, or discount co-payments, co-insurance, deductibles or other patient financial responsibility in accordance with state and federal law, as well as participating agreements with insurance companies.

Balances are due within 30 days of when the statement is issued. Statements will be issued after the insurance carrier pays its portion of the claim. We accept cash, check, money order, and credit card (VISA, Mastercard, American Express and Discover). Returned checks will incur a \$25 service charge.

Patients with a delinquent balance are required to make payment in full before future services are rendered or be on our payment plan. Failure to pay your balance may affect your ability to receive future medical care from Commerce Primary Care. We do understand that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly. An interest-free payment plan is available in those situations.

If your account is over 120 days past due, you may be dismissed from this practice. If this is to occur, you will be notified via US mail that you have 30 days to find alternate medical care. During that 30-day period our physicians will treat you on an emergency basis only.

No-Show Policy. Please be courteous and notify us immediately if you cannot keep your scheduled appointment. This will allow another patient to utilize that time slot. If you do not notify us, you will be charged a \$25 no-show fee. This fee is not covered by your insurance.

Please note **that lab services performed in our office are billed by DMC/Tenet/University Laboratories,** not Commerce Primary Care. Any issues with lab bills should be addressed with DMC and/or your insurance company first.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns. A copy of this policy will be provided to you upon request.

I have read and understand the financial policy and agree to abide by its guidelines.

Signature of Patient or Responsible Party

Date

Patient's Printed Name

Patient's Date of Birth