

# 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 insurance 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 Injury/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 auto/workers' comp insurance information in order to properly 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 service. Payment for telehealth services will be collected by credit card when the appointment is scheduled. 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. This applies only to established patients. We do not accept new self-pay patients.

**We must have a current insurance card on file.** This is to ensure that the information we have on file is correct, and that your plan is active 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 plans, it is your responsibility to notify our office. For patients with Medicare, we must have a copy of your Original Medicare card, even if you have a Medicare Advantage plan with another company. Please provide any prescription cards as well.

**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. Once appointments are made for such services, you must provide our office with the appointment date, doctor's/facility name and NPI, and the reason for visit so we are able to do the proper paperwork in a timely manner. Please leave detailed information on our voicemail, prompt #4.

**Patients are responsible for copays, coinsurance, deductibles and non-covered services. Insurance companies require us to collect copays 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 such as BCN or HAP**, you are responsible for contacting the insurance company 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 must be the PCP. You will be responsible for the charges if this is not done prior to 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 copays, coinsurance, 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 the date the statement is issued.** Statements will be issued after the insurance company 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. Secure online payment may be made with a credit card using the 'Quickpay Portal' that is noted on the statement along with the corresponding QuickPay code.

Patients with a past due balance of 90 days or more are required to make payment in full before future services are rendered or be on a 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 you choose a payment plan, a credit card must be provided to assure regular monthly payments. Otherwise, if your account remains past due you may be dismissed from this practice. If this occurs, 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 Quest Diagnostics**, not Commerce Primary Care. Any issues with lab bills should be addressed with Quest and/or your insurance company first. Drug testing is not performed by Quest Diagnostics. We use an outside lab for drug testing services.

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

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*Signature of Patient or Patient's Representative*

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed Name of Patient or Patient's Representative

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Relationship to Patient