

FAMILY HEALTHCARE OF ELKTON
111 W. High Street, Suite 214
Elkton, MD 21921

Thank you for choosing us for your family medical care. We are pleased to welcome you to our practice. Our goal will be to ensure that you and/or your family receive the finest care and service.

We will ask you to complete a registration form that will include your billing information. We understand that some patients may experience financial difficulties at times. It is our hope that you will bring these situations to the attention of our billing department or office manager so that your account can be managed in an effective manner. We will file a claim to your health insurance for payment on your behalf, however please understand that your insurance company has a contact with you and/or your employer. Final responsibility for payment is the sole liability of you as the patient or guarantor.

In an effort to run an ethical and efficient office, policies and procedures are necessary. It is important to understand that we must enforce these policies among all patients.

Our administrative and financial policies are as follows:

1. Your co-payments and payment for noninsured services are due at the time of service.
2. We accept cash, checks, Visa, MasterCard, Discover and American Express.
3. If we do not contract with your insurance, payment is due at the time of service.
4. If we do participate with your insurance company we are contracted to adjust your account by amounts known as "contractual write-offs". This does not mean that you will not have a balance. Any questions you may have in regards to insurance payments should be directed to your carrier or human resources representative.
5. We do not accept auto insurance claims. Any services related to an automobile accident must be paid for at the time of service. We will assist you in providing whatever you may need to seek reimbursement. We will not bill your health insurance carrier unless we are provided written proof of denial or nonpayment.
6. Retuned checks are subject to a \$30.00 service charge.
7. Most insurance companies limit the number of physicians or "well visits" payable per coverage or calendar year. We will try to assist you in maintaining your scheduled visits; however any services denied for this reason are ultimately your responsibility. It is recommended that you check with your insurance company or representative regarding your benefits before scheduling any appointments.
8. You are financially responsible for any services not paid by your insurance company.
9. We will not reduce your office charge just because you are uninsured. If you are experiencing financial difficulties, you may apply for a hardship adjustment; however a \$30.00 co-payment must be paid at the time of service. Consideration for a write-off or reduction will be given for any balance, based on the outcome of your application. If you fail to complete or return the financial aid application within 30 days of your visit, you forfeit consideration for an adjustment.
10. Any accounts not paid within 90 days may be turned over an outside collection agency. If your account is placed, you will be responsible to pay a collection fee of 35% of the debt changed. You also risk being discharged from our care if there is a complete disregard for your balance.
11. If you have an overdue balance: When scheduling an appointment, a collection flag will appear by your name indicating a debt. You will be asked to bring payment with you. If you fail to do so, and your

appointment is of a non-urgent nature, you may be asked to reschedule until such time you are able to satisfy your debt.

12. Any forms needing completed outside a regular office visit will be charged a completion fee, equal to \$10 per 2-sided page. Request for personal narrative letters for medical necessity, special circumstances, appeals, etc., will also be assessed the \$10 administrative charge.

13. As a courtesy to our patients leaving the practice, we will be happy to supply your new physician a copy of your medical record at no charge. Any copying of the chart other than a transfer will be assessed associated copy and retrieval fees payable before the records are released.

14. As a courtesy, we request 24 hours notice when canceling an appointment. However, if you fail to cancel an appointment less than 2 hours before your scheduled time, you will be subject to a \$30 missed appointment fee. If you consistently fail to cancel missed appointments, you and your family may be discharged from our practice after 3 or more within a single calendar yr.

15. If your insurance company requires referrals, it is your responsibility to contact our office with any appointments that have been scheduled with a specialist. You must allow 48 business hours for the completion of your referral. We do not fax paper referrals; they must be picked up from our front desk in person. If you have not allowed ample time for us to file the referral, you may be asked to reschedule your appointment.

16. Prescription refill requests will be processed as soon as possible; however you must provide 48 hours notice to allow for any delays. We participate, under federal recommendation, with an electronic prescribing system. There are certain sub category drugs that the physicians are required to either have you or a designated family member give a signature of receipt and ID verification when picking up at the office.

17. Late arrivals: In an effort to avoid delays in our patient schedules, if you are 10 minutes or more late for your appointment, you will be required to reschedule. We will make every effort to get you rescheduled as early as possible, but it may be another day if the schedule is full.

18. No cell phone use is permitted beyond the waiting room door.

19. Parents with children, not sharing financial or physical custody: We are legally permitted to seek financial reimbursement from either parent, without regard to any separation or divorce agreements. Disputes in this responsibility are strictly between the parents, and the practice refuses to get involved.