



FINANCIAL POLICIES

The purpose of this document is to help you understand that medical care is most efficient and effective if both patient and physician carry out their responsibilities. As a courtesy to our patients, we want to inform you about our financial policies and expectations.

- All office visits are payable in full at the time of your visit. Payment may be made by: cash, check, Visa, MasterCard, Discover and American Express. A prompt payment discount can be offered if the balance is paid in full on the date of service.

If You Have An Insurance Plan . . .

1. Due to contractual agreements with certain insurance plans, **ALL CO-PAYS** are required to be paid at the time of service.
2. For services covered by medical insurance, we would be happy to assist you in filing your insurance claims. Please **COMPLETE ALL NECESSARY INFORMATION, SIGN ALL AUTHORIZATIONS** on the insurance form and designate to whom the form should be sent.
3. For patients covered under Medicare, you are responsible for all deductibles and coinsurance of 20%. If Medicare does not file directly to your secondary insurance, we will need the necessary information in order to do so.

If You've Been Involved In An Auto Accident

1. For patients involved in auto accidents and pending legal action, we ask that all services be submitted to either your auto insurance carrier or to the auto insurance carrier of the second party. Please provide our office with all the necessary information to file the claim. Please note, that due to the time frame involved in legal matters, we will not hold an account until the suit is settled. A monthly payment is required from the auto insurance company or yourself to keep your account current.

Non-Covered Services

Medicare and other health insurance companies will only pay for services that it determines to be reasonable and necessary under Section 1862 (a) (1) of the Medicare law. If Medicare and other health insurance companies determine that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare standards, Medicare and other health insurance companies will deny payment for that service. **If payment is denied, you remain responsible for the charges.**

BILLING AND COLLECTION PROCEDURES

- Co-payment and coinsurance are due at the time of check in.
- It is the responsibility of the patient to provide current and accurate insurance and demographic information.
- The first billing statement will be sent out within 28 days of your date of service.
- A phone call attempt will be made prior to your next billing statement.
- A second statement will be sent out in 45 days, requesting assistance getting claim paid or making payment.
- Once the self-pay balance is 60 days, internal collections process will take place for further collection. **Failure to pay may be considered as non-compliant risking that the patient may be terminated from the practice and turned over to collections.**
- For those individuals that have a financial hardship, you may qualify for assistance. Payment arrangements can be discussed and set up with the self pay representatives 937.497.5665 or 1.800.589.9641. **A-F x5663; G-M x5685 & N-Z x5631.**

CANCELLATION POLICY

The purpose of this policy is to encourage our patients to take their appointments as seriously as we do. Your appointment time is reserved for you, and if you do not keep the scheduled appointment, then other patients who need same-day or urgent visits are being obliged to wait longer than necessary. Our goal is to make available appointment times to ensure the timeliness of care for all patients.

It is for the above reasons that Wilson Care, LLC established patients/families who no show for three (3) or more times within a rolling calendar year may be dismissed from the provider's care. This policy is explained at the time of the first visit. The patient will be reminded once if the initial explanation is forgotten. Thereafter, we will appreciate cooperation with future appointment changes. New patient's who fail to keep a scheduled appointment, and fail to contact the office 24 hours in advance, may be dismissed from the providers care immediately.

FORMS COMPLETION

Please bring any required forms to your scheduled appointment.

Wilson Care physicians are routinely asked by patients to complete various types of forms requiring medical opinion, expertise, time, and resources. As these value-added services are provided willingly to the patients of Wilson Care physicians, the cost of this service most responsibly must be bore by the individuals requesting the service. If you present your form to be completed at the time of a scheduled office visit and the physician can complete the form in the time allotted for that visit, there will not be an additional charge for the service. If you present form for completion outside of a scheduled office visit, we will document an additional charge for the completion of the form. Thank you in advance for your understanding of this process.

PRESCRIPTION MANAGEMENT

Please bring any required prescripts to your schedule appointment.

In addition, Wilson Care Inc physicians are asked by patients to fill medication request without the patient being seen by the provider. It is for this reason of balancing time and resources required to process a prescription requests that Wilson Care Inc will assess a charge of \$5.00 for each occurrence that prescriptions are phoned into a pharmacy: EFFECTIVE SEPTEMBER 1, 2008.

Prescriptions (RX) not affected by the policy: RX refills that result from office visits rescheduled at the request of the Wilson Care Inc provider; RX that are initiated by the Wilson Care Inc provider.

Prescriptions that are affected by the policy: Routine RX refills not addressed during a patient visit; RX that are ordered without a patient visit occurring; RX for lost or misplaced written prescriptions provided at the time of service and faxed, phoned or electronically transmitted prescription