

## Financial Policy: Queen City Physicians

It is the policy of this office to help keep your health care costs as low as possible. In order to do this, we need to keep our billing costs to a minimum. Please help us in the following ways:

- ◆ Always bring your current health insurance card to the office.
- ◆ Please notify us at time of check-in of any changes in insurance, address, phone #, etc.
- ◆ Please pay your co-pay or deductible at the time of service; or if you do not have insurance, please come prepared to pay for your visit in full.
- ◆ Please double check with your plan as to the participation status of the physician you are seeing. We will not deny care to any patient due to uncertainty of participation status of our physician with your insurance plan, but please understand you are responsible for verifying this information with your carrier.
- ◆ You should receive a bill for any patient responsibility within 30 days; and/or an explanation of benefits from your carrier. If you do not, please contact the billing office at 513 533 7033.

**Monthly Statement:** If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, and any payment or credits applied to your account during the month.

**Payments:** Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month.

**Payment Options if you have Insurance:** We are required by our insurance contracts to collect all co-pays at the time of service. Any co-pays that are not paid on the day of the visit will be subject to a \$10.00 co-pay processing fee. Also, you may choose to pay your deductible at the time services are rendered by cash, check, or credit card.

**Payment Options if you have No Insurance:** Your choice is to pay by cash, check, or credit card on the day that treatment is given. If payment is made at time of service, QCP will reduce cost of service by 25%. If payment cannot be made in full at the time of service, a budget agreement can be made to have service paid within 90 days with the 1<sup>st</sup> payment payable the day the service is rendered.

Therefore, knowing this, I request that services be performed and I agree to be responsible for any charges incurred. I understand that if I fail to make payment when due and my account becomes delinquent or is turned over to a collection agency or attorney for collections, the undersigned shall pay all collection agency fees, court costs and attorney fees, and risks being dismissed from the physician care of Queen City Physicians.

I have read this Financial Policy as outlined above and on the backside of this page, and understand that I am ultimately responsible for the charges incurred by my child/children as their legal parent or guardian.

Patient's  
Name: \_\_\_\_\_

Guarantor  
Name: \_\_\_\_\_

Parent/Guardian  
Name \_\_\_\_\_

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

**Insurance:** It is the responsibility of the cardholder to know what their eligibility and coverage is with their insurance carrier. If this is not known, it is suggested the cardholder verify coverage limitations prior to appointment date.

Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion not covered by your insurance.

**Divorce:** In case of divorce or separation, the parent authorizing treatment for a child/children will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

**Insurance Release:** This is to certify that I have been informed prior to receiving treatment today that my health plan may not be liable for service rendered if any of the following conditions apply:

- ◆ I may have a pre-existing condition or other diagnosis that may not be covered by my plan.
- ◆ Provider not participating in my health plan.
- ◆ Unmet deductible under my health plan contract.
- ◆ Services may not be covered under my health plan.
- ◆ Well child check-up, immunizations, as well as other routine services may not be covered by some insurance plans. Please check with your insurance carrier if you're not sure if routine services are covered.

**Past Due Accounts:** If your account becomes past due, we will take the necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs that are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers' fees that we incur, plus all court costs. In case of suit, you agree the venue shall be in Cincinnati, Ohio. If there becomes a need to send the balance of an

This is an agreement between Queen City Physicians as creditor, the Patient/Guardian, or Parent as debtor, named on this form.

In this agreement, the words "you", "your", and "yours" mean the patient/debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we", "us", and "our" refer to QCP.

By executing this agreement, you are agreeing to pay for all services that are received.

account to collection due to non-payment of the account, the physicians of Queen City Physicians will no longer be able to provide care. In this case, the guarantor will be notified of this by certified mail and given adequate time to find a new medical provider.

All accounts sent to the collection agency will be reported to the Credit Bureau.

**Returned Checks:** There is a fee (currently \$27.50) for any checks returned by the bank.

**Missed Appointment Fee:** The 3<sup>rd</sup> time a patient does not show up on time for an appointment a \$25.00 fee will be charged. This fee must be paid before a new appointment is scheduled. Patients with 4 missed appointments may be asked to transfer their records to another doctor.

**Waiver of Confidentiality:** You understand if the account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

**Transfer of Records:** You will need to complete the authorization to release records form, which can be obtained from our office. This form needs to be completed in its entirety in order for us to process the request. All balances should be paid before records are transferred.

**Effective Dates:** Once you have signed this agreement, you agree to all of the terms and conditions contained herein, and the agreement will be in full force and effect.

**Charge for Phone Calls:** If a physician is called, either after hours or during weekends or holidays, for prescriptions or refills a charge may be accessed. Charge is waived if the patient is seen in the office.

A fee of \$15.00 will be charged for all pediatric nurse triage phone calls made after hours. This fee will be waived if the patient is seen in the office or referred to the emergency room.