

Quality Healthcare Clinic, LLC

Patient Payment Policy

Thank you for choosing Quality Healthcare Clinic to provide your healthcare needs. We are committed to providing you with high quality and affordable health care. Please read our payment policy below, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

- 1. Insurance. We participate in most insurance plans, including Medicare. As a courtesy, Quality Healthcare Clinic attempts to verify your benefits with your insurance company. Although a quote of benefits is not a guarantee of benefits or payment. We highly recommend that you also contact your insurance carrier and check your coverage. Although we are contracted with most insurance carriers, our services may not be covered by your specific insurance plan. Being referred to our clinic by another physician does not necessarily guarantee that your insurance will cover our services. Please remember that you are 100 percent responsible for all charges incurred: your provider's referral and/or our verification of your insurance benefits are not a guarantee of payment.*
- 2. Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments at the time of service and collect/bill deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.*
- 3. Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. The non-covered services will be your financial responsibility.*
- 4. Proof of insurance. All patients must complete our patient information form before seeing the provider. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.*
- 5. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility if your insurance company does not pay your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.*

6. *Coverage changes. If your insurance changes, please notify us prior to your next visit so we can make the appropriate changes to help you receive your maximum benefits.*
7. *Self-Pay. Quality Healthcare Clinic offers a 30% discount for self-pay patients if paid in full on the day of service. If you need to make payment arrangements, please contact us prior to your visit. We are willing to allow you to make payments over a 3-month period under certain circumstances.*
8. *Non-payment. If your account is past due, you will receive a letter stating that you have to pay your account in full. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency. We also reserve the right to discharge you and immediate family members from this practice for nonpayment.*
9. *Missed appointments. No call- No show Policy. A call to cancel or reschedule an appointment received less than 24 hours before your scheduled time will be considered a no call-no show. We understand that circumstances happen out of your control so we allow for 3 no call-no shows. The charge for the last no call-no show appointment will become your responsibility and be billed directly to you. You may also be dismissed from the practice.*

Our practice is committed to providing the best treatment to our patients. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date