PAYMENT POLICY
Revised August 2026 – Encounter Definition Added

Thank you for choosing Healthy Wings Family & Psychiatric Healthcare (HWLLC) as your healthcare provider. We are committed to providing personal, quality, and affordable healthcare. This Payment Policy explains your financial responsibilities and the financial requirements for completing a scheduled encounter. Please read it carefully, ask any questions before signing, and retain a copy for your records.

1. Insurance. We participate with selected insurance plans. If we do not participate with your plan, payment in full is due before services are rendered. If we participate with your plan but cannot verify active coverage, benefits, or current insurance information before the visit, payment in full is required until coverage is verified. Knowing and understanding your insurance benefits is your responsibility.

2. Payment Before Services. All copayments, deductibles, coinsurance, self-pay charges, prior balances, and other known patient-responsibility amounts are due before services are rendered unless a written payment arrangement has been approved in advance. Payment is collected before vital signs, screening, evaluation, treatment, or other professional services begin.

3. Valid Payment Method. You must maintain a valid credit card, debit card, health savings account card, or other approved payment method on file. You authorize HWLLC and its designated billing partners to charge the payment method on file for amounts you owe, including copayments, deductibles, coinsurance, non-covered services, late-cancellation or missed-appointment fees, and balances assigned to you after insurance processes a claim.

4. Definition of Encounter: Encounter means the healthcare services provided during a scheduled office or telehealth appointment, together with the professional, administrative, and financial activities necessary to complete that visit.

a. Finalization of the Encounter: A healthcare encounter is not considered finalized until all required clinical, administrative, and financial components of the visit have been completed in accordance with this Payment Policy.

b. Depending on the services provided, encounter finalization may include payment processing, completion of clinical documentation, transmission of prescriptions, prior authorizations, laboratory orders, referrals, treatment recommendations, follow-up scheduling, and other professional services arising from that encounter.

c. If payment cannot be processed as agreed, completion of the remaining components of the encounter may be delayed until payment has been received or approved payment arrangements have been established.

5. Declined or Unsuccessful Payments. If an authorized payment cannot be processed, the encounter remains incomplete. Once payment is received, HWLLC will finalize any remaining components of the encounter as provider scheduling and workflow permit. If payment is not received within forty-eight (48) hours after notice, additional fees may apply and any remaining professional services associated with that visit may require a new appointment.

6. Non-Covered Services and Outstanding Balances. Some services may not be covered or may be assigned in whole or in part to you by Medicare or your insurance company. You agree to pay amounts for which you are responsible at the time of service or promptly after your insurer advises HWLLC of your cost-sharing responsibility. Your insurance benefits are a contract between you and your insurer; you remain responsible for amounts your insurer assigns to you, subject to applicable law and payer contracts.

7. Proof of Identity and Insurance. Before seeing a healthcare provider, all patients must complete required registration forms and provide a valid government-issued photo identification and current insurance information. If incorrect, incomplete, or outdated information is provided, you may be responsible for the full balance of the claim.

8. Claim Submission and Cooperation. HWLLC will submit claims to participating insurers and will reasonably assist with claim processing. You are responsible for timely responding to requests from your insurer, including coordination-of-benefits requests. Failure to cooperate may cause the insurer to deny the claim and assign the balance to you.

9. Coverage Changes. You must notify HWLLC before your next visit of any change in insurance coverage, subscriber information, address, legal name, or payment method. If your insurer does not pay a claim because the information provided was inaccurate, incomplete, inactive, or untimely, the balance may become your responsibility.

10. Fees Are for Professional Services. Fees are charged for the professional staff member's and/or the provider's time, expertise, medical decision-making, and professional services—not for a guaranteed prescription, controlled substance, referral, laboratory order, diagnosis, letter, form, or specific outcome. Medications and other clinical services are provided only when clinically appropriate and safe, based on professional judgment. Fees are non-refundable once professional services have commenced or have been provided.

11. Missed, Late Cancelled, or Rescheduled Appointments. Appointments cancelled or rescheduled within twenty-four (24) hours of the scheduled time, and missed appointments, are subject to the fee stated in the current Patient-Provider Policies. The fee is due at the time of cancellation, rescheduling, or no-show and must be resolved before another appointment is confirmed unless a payment arrangement is approved.

12. Payment Arrangements. Payment arrangements must be requested and approved before services are rendered or before an overdue balance reaches the next collection stage. Partial payments do not constitute an approved payment arrangement unless confirmed by HWLLC in writing.

13. Delinquent Accounts and Collection Activity. If a balance remains unpaid, HWLLC may suspend scheduling, charge authorized fees, issue written notices, refer the account to a collection agency or attorney, and/or discharge the patient from the practice in accordance with applicable law, payer contracts, and the Patient-Provider Policies. Communications from HWLLC about its own account will identify HWLLC accurately and will not falsely imply that a third-party collection agency is involved.

14. Practice Scope. HWLLC is a scheduled, outpatient medical and psychiatric practice. HWLLC is not an emergency department, hospital, crisis center, or urgent care center and does not provide emergency or urgent services. Patients experiencing a medical or psychiatric emergency should call 911 or go to the nearest emergency department.

15. Questions and Acknowledgment. Please contact the office before signing if you have questions about this Payment Policy. By signing below, you acknowledge that you have read, understand, and agree to comply with this Payment Policy and authorize the payment and billing practices described above.

PATIENT ACKNOWLEDGMENT

I have read and understand this Payment Policy and agree to abide by its terms.

Signature of Patient or Responsible Party: _____ Date: _____

Printed Name: _____ Patient Date of Birth: _____

Relationship to Patient, if applicable: _____