

# ADDENDUM TO NOTICE OF PRIVACY PRACTICES & PATIENT-PROVIDER POLICIES

## PAYMENT POLICY

Thank you for choosing Healthy Wings Family & Psychiatric Healthcare (HWLLC) as your Healthcare Provider. We are committed to providing you with personal, quality, and affordable health care. This document spells out the important elements of our Payment Policies that may be found in our *Notice of Privacy Practices & Patient-Provider Policies*. Please read it, ask any questions that 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. If you are not insured with a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but do not have an up-to-date insurance card, payment in full is required for each visit until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. Please be advised, that according to the Patient Privacy and Affordable Care Act and most insurance contracts, the **Annual Physical Exam** that is typically provided **FREE, once every 12 months**, by your insurance company is reserved for patients that are **WELL** and are not experiencing any sickness and/or acute concerns.
- 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 and/or deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment or deductible at every visit.
- 3. Non-Covered Services and/or Outstanding Balances.** Please be aware that some – and perhaps all – of the services you receive may require you to pay a portion of the services, may not be covered, and/or may not be considered reasonable or necessary by Medicare or your Insurance company. You must pay for these services in full at the time of the visit or immediately after Medicare or your insurance company advises us of your cost sharing amounts; (note, your insurance company automatically mails this information to you, as well). In addition, instead of sending you a bill, you hereby authorize HWLLC to automatically charge your balance to the credit card provided at the time of service.
- 4. Proof of Insurance.** All patients must complete our Patient Registration forms before seeing the healthcare provider(s). We must obtain a copy of your valid driver's license or state photo ID and the current, valid insurance information to obtain proof of insurance. If you fail to provide us with the correct insurance information, you may be responsible for the full balance of the claim.
- 5. Claim Submission.** We will submit your claims and assist you in any way we can to help you get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request within five (5) days of the request. Please be aware that the balance of your claim is your responsibility, whether your insurance company pays your claim or not. Your insurance benefits are a contract between you and your insurance company.
- 6. Coverage Changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim, the balance will automatically be billed to you.
- 7. Nonpayment.** If your account is 60 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated with our Billing Department. Please be aware that if a balance remains unpaid, we may refer your account to a collections agency, and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you will have 30 days to find alternative medical care. During that 30-day period, our healthcare provider(s) may be able to treat you on what we consider an emergency basis only.
- 8. Missed appointments.** Our policy is to charge for missed appointments not rescheduled or canceled within 24 hours of the scheduled appointment. These charges will be your responsibility and billed directly to you and are payable at the time of cancellation, rescheduling, or no show. Please help us to serve you better by keeping your regularly scheduled appointment or by telephoning our office directly if you need to cancel a scheduled appointment.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges of the area. 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:**

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**Signature of Patient or the Responsible Party**

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**Date**

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**Print Name of Patient**

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**Date of Birth**