

Mountain View Family Practice, PC

Payment Policy

Thank you for choosing us as your healthcare provider(s). We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it and ask us any questions you may have.

1. **Insurance.** We participate in most insurance plans, including Medicare and Medicaid. If you are not insured by 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 you do not have an up-to-date insurance card, payment in full for each visit is required 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.

2. **Co-payments, coinsurance, and deductibles.** Co-payments, coinsurance and deductibles must *be paid at the time of service by the patient or the person accompanying the patient.* A co-payment, coinsurance, and/or deductible are part of your contract with your insurance company. It is your insurance carrier, not Mountain View Family Practice, PC that assigns a co-payment, coinsurance, and or deductible as a patient responsibility. You will be billed if your insurance carrier notifies us at a later date that they have assigned a co-payment, coinsurance, and/or deductible for a service. Please note that Mountain View Family Practice, PC bills an additional charge for services provided on Federal holidays in accordance with correct coding guidelines. Failure on our part to collect co-payments, coinsurance, and deductibles from patients can be considered fraud. Please help us uphold the law by paying your co-payment, coinsurance, and/or deductible at each visit. Mountain View Family Practice, PC accepts payments in the form of cash, check, or major credit card.

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. You must pay for these services in full at the time of the visit or if billed at a later date. Your physician is required by your insurance carrier to document the services provided. Please do not ask us to alter documentation for insurance coverage or insurance payment purposes.

4. **Uninsured (self-pay) visits.** Payment for all services not covered by insurance is required at the time of service. Mountain View Family Practice offers a 25% discount for payments received at time of service. If you live in Massachusetts, then you can apply for insurance online at www.MAhealthconnector.org or over the phone by calling 1(877) 623-6765. Heywood Hospital's Patient Financial Services department may also assist you in finding insurance. They can be reached at 978-630-6562 or 978-630-6550.

5. **Proof of insurance.** All patients must complete our Patient Registration form before seeing the provider. We must obtain a copy of a current valid insurance card 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.

6. **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 on your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

7. **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 in 45 days, the balance will be automatically billed to you.

8. **Non-payment.** If your account is over 30 days past due, then we will begin our collection processes. Our collection processes consists of a phone call to you if your balance is over \$50 and/or a series of the three letters. Please be aware that if a balance remains unpaid, then you and your immediate family members may be discharged from this practice. If this occurs, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our providers will only be able to treat you on an emergency basis.

9. **Bounced checks.** There will be a **\$30.00 service** charge added to your statement for any checks that are returned to us from the bank due to insufficient funds. You will be notified in writing and will be expected for provide payment in full.

Our practice is committed to providing the best treatment to our patients. Our fees are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns. You may speak with the office manager at the practice.

Payment Policy.doc
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