



ADVANCED FAMILY MEDICINE FINANCIAL & OFFICE POLICIES

Welcome to Advanced Family Medicine and thank you for choosing us for your primary care health needs. Our mission is to provide the highest quality care that is convenient and comprehensive to our patients. In an effort to reduce confusion and misunderstanding between our patients and the Practice, we have adopted the following financial and office policies. This is an agreement between Advanced Family Medicine and the patient or responsible party of the patient. By signing this document, you are acknowledging that you understand and agree to our financial payment policies as well as any office policies as outlined.

Appointments: If you need to cancel or reschedule your appointment please make every effort to notify us at least 24 hours in advance. This allows us to offer that appointment to another patient. If you fail to give us adequate notice, this will be considered a “no show”. If you have 2 consecutive “no shows” or 4 “no shows” in any twelve-month period, you will be charged a \$50.00 “no show” fee and/or or be subject to discharge as a patient of Advanced Family Medicine. _____(initial)

Please be prompt for your appointment. We will make every effort to inform you if your provider is running late. Advanced Family Medicine reserves the right to reschedule late arrivals. No child under the age of 18 may be left unattended to wait for treatment or be left unattended in the waiting room. We appreciate your cooperation in keeping our environment friendly for patients and staff.

Minors: For any minor child who is accompanied to their appointment by a parent; Advanced Family Medicine will determine that the parent bringing the minor child to the appointment to be the legal authorized guardian and responsible for payment of the minor child’s account; unless legal documentation provided to us states anything to the contrary. In addition, no unaccompanied minor will be treated without parental or guardian consent.

Financial: Full payment is due at the time of service for all patients who have not met their deductible or do not have insurance. You may be asked for a current insurance card and billing information at each visit. You may be asked to have your photo taken for patient recognition and/or a copy of a photo ID in an effort to reduce insurance fraud. Advanced Family Medicine participates with many health insurance plans. Refer to your carrier’s website or contact their customer service department to verify our participation. Your insurance policy is a contract between you and the insurance company. It is your responsibility to know your insurance policy benefits and be familiar with your coverage. You will be responsible for any service that may be considered “not covered” by your insurance company. In addition, you are responsible for all unpaid balances. _____(initial)

Medicare patients: You request that payment of authorized Medicare benefits be made payable either to you or on your behalf to Advanced Family Medicine for any services furnished to you by any Advanced Family Medicine healthcare professional. You authorize the holder of your medical information release to the Health Care Financing Administration and its agents any information needed to determine the assignment of these benefits or the benefits payable for related service.

Advanced Family Medicine will bill your primary insurance as a courtesy and make every effort to ensure claims are promptly and correctly submitted. Billing processes are handled through **Premier Billing Solutions**: 208-287-9420 and you may contact them if you are experiencing insurance difficulties, need payment arrangements or have any claims questions.



Our Patient Account Services Representative(s) may attempt to obtain benefit information prior to your appointment and notify you of coverage limitations for those patients scheduled for procedures. If you have any specific inquiries, they may be directed to them at: 208-922-3355.

Self-Pay: For patients without health insurance, payment is due at the time of service but is eligible for a 15% discount, provided that no claim is submitted to any insurance company for reimbursement. Subsequent visits may

be eligible for a payment plan. Plans require 50% of the total due and payable at the time of service and any balance remaining paid within 60 days.

Credit and Finance Charge Policy: I understand that I am financially responsible for all charges regardless of third party involvement. I agree to pay the deductible, co-insurance, co-pay or any service(s) deemed a "non-covered benefit" or "experimental" by my insurance carrier at the time service was rendered. I understand that failure to pay outstanding balances within 60 days of notification of the amount due may result in submission to an outside collection service. If your account is sent to an outside collection service (CBI-Collection Bureau of Idaho) it may result in interest accruing and have a negative impact on your credit. In addition, you and any family members may be discharged from the Practice. _____ **(initial)**

Returned Checks/NSF: A return check fee of \$25.00 or the maximum allowed by law, will be assessed to your account for all NSF checks.

Medications: You must be seen by one of our providers for anything that requires a **new** prescription. **For prescription refills, please contact your pharmacy to issue a refill request that will be sent to us electronically or via fax when you are out of medication.** In addition, please refill all of your prescriptions at your regularly scheduled office visit. You may be required to come in when out of medication for your provider to determine if your current medication is effective. We will not refill any prescriptions outside of our business hours. We respectfully request 24-48 hours to respond to a prescription refill request.

Complete Demographic Form: You will be required to complete a patient demographic form upon your first visit to our Practice. Correct and current information including emergency contact numbers as well as insurance information will be requested. You will be required to update this information annually.

Office Hours: Advanced Family Medicine's business and telephone answering hours are Monday-Thursday from 8:00 AM to 5:30 PM and Friday from 8:00 AM to 5:00 PM. If you reach our automated telephone system, please follow the prompts. When we are unable to answer your call directly, we are either assisting another patient or on the other line. We want to provide all of our patients with the same courtesy and attention. Do not continue to call back. The system will direct you to specific departments where you may leave a direct message. You may also use your "**patient portal**" for all non-urgent matters.

After Hours care: If you have an emergency when we are unavailable, please contact our answering service at: 208-489-6561. Non-emergency issues should always be addressed during our regular business hours.



It is our experience that most of our patients understand the above policies. We are disclosing this information to you now to avoid misunderstanding in the future

Print Patient Name

Patient Signature or Responsible Party if a minor under age 18

Date