

## PATIENT FINANCIAL POLICY

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Thank you for choosing Leesburg Sterling Family Practice as your health care provider. We are committed to providing you with the best possible care and glad to discuss our financial policy with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. The responsible party is the designated person to see that the entire bill is paid in full. Please feel free to contact us at **703-443-6717** for any assistance you may need.

### ***PREPARE FOR YOUR VISIT:***

- Always bring your current health insurance card(s) at every visit.
- Always bring your Photo ID with you.
- Notify us of any changes to insurance, address, telephone or family status.
- Co-pays, deductibles and co-insurance are due at time of service.
- Bring form of payment, we accept cash/check/credit/debit cards.
- Bring information required to fill out forms. (see Required Information section below)

### ***Required Information:***

- Patient name, address, phone number, gender, date of birth, social security number, insurance ID and group number.
- Subscriber name, address, phone number, gender, date of birth, social security number, relationship to patient.
- Provide the Responsible Party's name, address, phone number, gender, date of birth, social security number, and relationship to patient.
- If any of this information is not provided, payment in full is required at time of service.

### ***INSURANCE:***

It is the patient's responsibility to provide the clinic with current insurance information. We will ask for your insurance card at each visit to verify coverage and obtain a copy for our records. If current information is not obtained at the time of service, it will become the patient's responsibility to pay until current information is provided to our office.

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your claims for you. However, we will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to, deductibles, co-payments, non-covered charges and "usual and customary" charges. We will supply information as necessary. We require that you pay any amount not covered by your insurance such as deductibles and copayments at the point of service. Patients covered by Medicare will receive additional information regarding non-covered services and charges. **You are ultimately responsible for the timely payment of your account.**

### ***Co-Pays:***

Your insurance REQUIRES that we collect your designated copay at the time of service. Please be prepared to pay the co-pay at each visit.

### ***Understanding the Insurance Claim Process:***

As a courtesy, our office will send the claim to your insurance company.

Your insurance company processes the claim and sends the patient and the provider an Explanation of Benefits (EOB). This shows you how your claim was processed.

Our office will then send a statement to the patient for remainder of balance. This balance is due within (30) days.

### ***Understanding Your Insurance Benefit/Responsibilities:***

- Understand your benefit and keep us informed.
- Know if you do or do not have Preventative Benefits, what it includes and does not include and how much.
- Know the amount of your deductible and when your services are due in full.
- Know if you need a referral to a specialist or for testing.
- Please, be aware that if the patient receives additional information required by the insurance company thirty days are allowed for providing said requested information to the insurance company before we turn the entire balance over to the patient.

### ***TIME OF SERVICE PAYMENTS:***

Co-pays, Co-insurance and deductibles.  
Self-pay patient payments  
Any outstanding balances.

**Cash Payment:**

If you wish to pay cash, you will always be provided with a receipt so that you will have a record of your payment. The receipt will serve as proof of payment and must be presented if there are any discrepancies noted on future billing statements.

**Un-Paid Balances and Payment Arrangements:**

We ask that full payment is made at the time of service unless prior arrangements have been made through the billing office. If your insurance company has not paid the balance in full, you will receive a statement notifying you of the amount due. You may call our billing office to set up payment arrangements if necessary. Any overdue balances may be considered for further collection activity. The telephone number for our billing department is **703-443-6717**, Monday-Friday, excluding holidays.

We accept cash, checks, Visa, MasterCard, Discover, and American Express.

**Discounts:** As a courtesy, the clinic offers a 20% discount to all patients with no insurance coverage who pay in full at the time of service. This discount is available only on the actual date of service. Any past due balance should be paid prior to receiving the discount for the current service. All billed services will be at the full fee.

**Returned Checks:** There is a charge for returned checks that must be paid by cash or money order. If two checks are returned, you will no longer be able to write a check to our office. This may result in "Cash Only" for future appointments.

**Minors:** The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors.

**Missed Appointments/ No shows:** Unless cancelled at least 24 hours in advance our policy is to charge \$50.00 for missed appointments and no shows. This fee is not billable to your insurance company and payment is expected within 30 days from the date of the missed appointment/no show letter.

**Late for appointments:** If you arrive more than 15 minutes after your scheduled appointment time, we will attempt to work you back in to the schedule with any provider that has availability. If we are unable to accommodate you for a same day appointment, you will be asked to reschedule for a different day and time.

**MEDICAL RECORD COPIES:**

In compliance with HIPAA regulations regarding copying of medical records. There is charge for certain records and forms.

- Dictated letters, extensive forms with review of medical records will be **\$20-\$30** per form based on time needed to complete.
- Copies of records for transfer to other providers and for disability determination, will be copied, charged and billed directly by **MediCopy Services, Inc.** at cost of \$.50 per page from pages 1-50 and \$.25 per page for pages 51 and higher.

**SCHOOL FORMS:**

- Sports participation and school forms not completed during an appointment, the charge is **\$10** per form.

I have read and agree with the Leesburg Sterling Family Practice Financial Policy, A member of Loudoun Medical Group.

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Patient Name (Print)

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Date of birth

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Patient/Responsible Party (Signature)

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Date

**STAFF USE ONLY**

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Patient Account Number

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Staff Signature

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Date