



Westminster, Inc - Westminster Medical Clinic Payment Policy

Thank you for choosing Westminster Medical Clinic as your health care home! We are committed to providing you with the highest quality, safe, and affordable health care. We have developed this payment policy to maintain a strong, professional relationship to serve you.

1. Insurance & Payments

- a) A **current insurance card and photo ID** must be presented at each visit. We ask this to protect your privacy and security.
- b) **All copayments must be paid at the time of your visit per your contract with your insurance company. If you are unable to pay for your copay, the visit may be rescheduled, and you will be charged an additional \$106.00 for your missed appointment.**
- c) **Coverage:** Notify the office of any changes in insurance coverage, carrier, and/or plan as soon as possible. It is **your responsibility** to verify with your insurance company that Westminster providers are in-network with your insurance plan (HMO, PPO, etc.) and if the services you receive are a covered benefit under your plan. Failure to notify the office of changes could result in patient responsibility for claims not accepted by the insurance company.
- d) **Deductibles:** Depending on your insurance plan, a deductible may need to be met before your insurance company will cover services. **Any services not covered and/or applied to your deductible are your financial responsibility.** Payment in full is expected **within 30 days** of receiving the **first** statement. Labs, X-rays, supplies, and procedures are billed in addition to office visits according to standard health care process. These services may not be covered by your insurance plan and will be charged to you when not covered by your plan.
- e) **Out of Network:** We are happy to bill your insurance for you as a courtesy. We are not contractually obligated to reduce our fees for insurance plans we are not contracted with. You will be responsible for any amounts not paid by your insurance.
- f) **Primary and Secondary Insurance:** We are happy to bill your secondary insurance for you as a courtesy. If your secondary insurance does not pay the claim within 60 days of date of service, you will be responsible for payment of the remaining balance.
- g) **Self-Pay:** You will be required to deposit \$100 at the front desk **prior** to seeing your provider. At checkout, we will calculate the total. The balance will be collected if it is more than \$100, or a refund will be given if the balance is less than \$100.
- h) **Motor Vehicle Accidents (MVAs):** We are happy to bill your automobile insurance with the appropriate policy information. We are unable to bill 3rd parties for MVAs (meaning the other driver's automobile insurance policy). If we do not have automobile insurance policy information for you, we may charge you as Self-Pay (see g above) or bill your health insurance. WMC will charge you according to your health insurance coverage.
- i) **Payment Methods:** We accept Visa, MasterCard, American Express, Discover, cash, and checks (\$30.00 service charge for all returned checks will be assessed and will no longer accept checks as a form of payment).
- j) **Patient Forms:** You will be charged \$25 per form for most forms that you request a provider or other appropriate clinic staff to complete on your behalf. Payment must be made at the time you provide the form in order to complete and, if applicable, send the form to the intended recipient. Forms will not be completed or sent without prior payment.

2. Balances

- a) **Billing:** Insurance companies may deny or reduce payments due to your specific plan. **Following receipt of denial or reduced payment from your insurance plan, you agree to pay all charges resulting from services rendered.**
- b) **Payments:** Payment is expected in full within 30 days of receiving the first statement.
- c) **Collections:** After 2 paper statements have been sent, we will make 2 additional attempts to contact you by phone. If your balance is not paid, your account will be reviewed to be sent to our collection agency. If approved, a certified letter will be sent to you and a charge of \$6.75 will be added to your account. You (and your family, when applicable) will be discharged from the clinic. You are responsible for any collection fees, interest accrued, court and attorney fees resulting from our debt collection agency.

3. Missed Appointments

- a) **Our policy is to charge for missed appointments not cancelled within an appropriate time.** Cancellation must be made within 6 hours of the scheduled appointment for medical, pharmacy, or lab visits. Please also cancel visits within 24 hours of scheduled appointments for health coaching or behavioral-mental health visits. This policy includes cancellations by Patient Portal.
- b) **WMC charges on 2nd missed appointment:** After 1 missed visit yearly, WMC will charge you \$106.00. For each missed visit thereafter, your account will be charged the same. Payment of missed appointments is expected prior to scheduling your next appointment. If we do not receive payment, your account will be reviewed for placement with our collection agency.

4. Refunds

- a) If you overpay, we will refund you by way of crediting your account to be used at your next visit. For balances over \$50.00, we will refund you the appropriate amount in a check mailed to you within **90 days** of the rendered service.

5. Privacy & Security

- a) All methods of payment are secure and in compliance with current national standards. For additional information, please see our Notice of Privacy Practices.

By signing below, I acknowledge I have received this Payment Policy and agree to adhere to the provisions stated herein.

Patient Name (Please print)

Signature

Date