



Westminster Medical Clinic Payment Policy & Cost Notice

Thank you for choosing Westminster Medical Clinic as your primary care in sickness, health, healing, and wellbeing.

Insurance & Payments

1) Insurance Coverage and Plan Updates

Please present a valid insurance card and photo ID at each visit to protect your privacy and security.

Inform us immediately of any changes to your insurance. Ensure that Westminster providers are in-network and verify coverage of services with your insurance. Failure to update information may result in being billed for claims denied by your insurer *and a balance on your account that you are responsible to pay.*

WMC is unable to accept and bill **Medicaid**. If you have Medicaid, inform us immediately to help support you.

Insurance plans may deny or reduce payments. Patients must pay all charges resulting from rendered services if their insurance denies payment.

2) Copayments

Copayments must be paid at the time of the visit as required by your insurance company. If unable to pay, the appointment may be rescheduled, and a \$106 fee will be charged for the missed appointment.

3) Deductibles

You are responsible for meeting your deductible before your insurance covers services. Full payment for non-covered services is expected within 30 days of the first statement. Labs, X-rays, supplies, and procedures are billed separately. *New Patients with deductible plans must **deposit \$167** before their first visit.*

4) Self-Pay

Self-pay patients must ***deposit \$135** before seeing a provider* (\$167 for New Patients). Any balance exceeding the deposit must be paid, and refunds will be issued for overpayments.

5) Out-of-Network Insurance

We are not obligated to reduce fees for non-contracted insurance plans. Patients are responsible for any unpaid amounts.

6) Secondary Insurance

We bill secondary insurance as a courtesy. If claims are unpaid by your primary or secondary insurance within 60 days, you are responsible for the balance.

7) Motor Vehicle Accidents (MVAs)

We can bill your automobile insurance with appropriate details but cannot bill third-party insurers. If automobile insurance details are not provided, we may charge you as a self-pay patient or bill your health insurance.

8) Refunds

Overpayments will be credited to your account for future visits. Refunds over \$50 will be issued by check within 90 days of the service.

Charges, Balances, & Cancelled or Missed Appointments

1) Charges Transparency

A list of the most common charges are available on our website, under *Costs of Care*.

2) Payment Terms

Balances must be paid in full within 30 days of the first statement.

We accept Visa, MasterCard, American Express, Discover, cash, checks, and online digital payment methods on our website. Returned checks incur a \$30 fee and will no longer be accepted.

3) 6-Hour Cancellation Policy

Appointments must be canceled at least 6 hours in advance. A \$106 fee applies to missed or late-canceled appointments if beyond a 6-hour notice. Payment is required before scheduling future appointments. Frequent missed appointments or late-canceled (3 or more) may lead to dismissal from the clinic.

4) Collections

If a balance remains unpaid after three contact attempts, your account may be sent to collections. A certified letter will be sent with a \$12 charge, and you and your family may be discharged from the clinic. Additional fees, including interest, court costs, and attorney fees, may apply.

5) Advanced Primary Care and Multidisciplinary Team Care

Your Care Team at WMC includes a *Primary Care Provider, Clinical Pharmacist, Health Coach, and Behavioral Health Providers*.

When patients see multiple providers at WMC, we bill insurance or charge cash for each provider's time and services. For example, if you see both a Primary Care Provider and a Clinical Pharmacist, we bill for both where appropriate and applicable.

Additionally, we bill insurance a monthly fee for care with the Health Coach, some services with the Clinical Pharmacist, discussion and consultation with other medical professionals such as specialists, hospitals, and physical therapy, and care management or care planning (includes review of medical history, treatment options, medications, accuracy of information in the medical record, identifying important information to gather, and writing a personalized care plan, accessible to you to discuss in future visits).

By signing below, you acknowledge receipt of the WMC Payment Policy and agree to its terms.

Patient Name (Print): _____

Signature: _____

Date: _____