



# 2022 Annual Notice of Team Care Costs and Payment Reminders



**We believe getting the right care, at the right time, with the right provider is important.**



That is possible with the best Care Team of many different specialties both at WMC and outside our walls: a Primary Care Provider, Clinical Pharmacist, Integrative Physician, our Health and Wellness Coach, Behavioral Health Providers, Medical Consultants, and our Medical Neighborhood of specialists including physical therapy. When patients are seen by different providers at WMC, we bill insurance or charge cash for time and service of each provider seen. For example, if your visit includes your Primary Care Provider and our Clinical Pharmacist, WMC charges the insurance company for seeing both providers. WMC Providers may wish to consult with a Specialist, Hospital, or Medical Consultant to support them in caring for you. These meetings between your Provider and other clinician are billed to your insurance. They review your medical history, evaluate labs and testing, discuss the best treatment plan options, and determine how the team can work together to best support you. Your Primary Care Provider types a Care Plan in the electronic medical record. Staff type notes into the electronic medical record and track the time that is spent making sure the Care Plan happens and supports a patient's needs. This may include tasks like calling a Specialist office to gather their visit notes from a past appointment, reviewing all of the information in the electronic medical record and making sure it is accurate, finding answers to patient questions, and more. When WMC bills insurance companies, this is called Interdisciplinary Care, Care Planning, and Chronic Care Management. Copays, deductibles, and co-insurances will apply to patients.

**Do you have insurance?** Please make sure to list below.

**PRIMARY Insurance:** \_\_\_\_\_

**Is the patient the subscriber or primary policyholder?**

Yes  No *\*If no, please provide below information*

Subscriber relationship to patient: \_\_\_\_\_

Subscriber Last name: \_\_\_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_

Subscriber Date of birth: \_\_\_\_\_

Address (if different than patient): \_\_\_\_\_

Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Do you have Medicaid as a secondary insurance?** Yes / No

**SECONDARY Insurance:** \_\_\_\_\_

**Is the patient the subscriber or primary policyholder?**

Yes  No *\*If no, please provide below information*

Subscriber relationship to patient: \_\_\_\_\_

Subscriber Last name: \_\_\_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_

Subscriber Date of birth: \_\_\_\_\_

Address (if different than patient): \_\_\_\_\_

Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Questions about Team Care Costs?

**Wondering which insurance company or health plan to pick at open enrollment? Not sure if your plan will pay for a visit? Call us at 303-487-5015 to learn more.**

**WMC charges \$106.00 for missed appointments or cancelled appointments less than 6 hours from the appointment time for lab draws, medical, and pharmacy visits both in the office and televisits.**

### Payments are due within 30 days of receiving a statement.

If payment is not received, WMC sends 2 paper statements and will make 2 additional attempts to contact you. If 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.

This Annual Notice of Costs and Payment Information does not replace the full WMC Payment Policy signed when establishing care as a New Patient. All WMC Payment Policies are applicable. If you would like a copy of your signed WMC Payment Policy, please notify the Front Office. Also, copies of the WMC Payment Policy is available at the Front Desk or on our website at [www.westminstermedicalclinic.com](http://www.westminstermedicalclinic.com). This Notice was meant to decrease paperwork for both you and WMC.

By signing below, I acknowledge I have received this Notice, and agree to the information.

\_\_\_\_\_  
Patient Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date