



Patient Financial Policy

Thank you for choosing UBMD Primary Care for your medical care. We are dedicated to providing the best possible care for you. We offer the following information to help you understand our financial policy and to aid you in planning for payment.

UBMD Primary Care believes that financial difficulties should not prevent you from receiving the medical care that you need, when you need it. Please contact our Billing Department to discuss any concerns. Payment plans are available if needed. Our Billing Department may be reached at: 1.866.853.9551 Option 4.

Insurance Verification and Co-payments

You are expected to present an insurance card at each visit. We will bill your primary insurance company as a courtesy. Failure to provide complete insurance information to us may result in your responsibility to pay the entire bill. All co-payments, deductibles and past due balances are due at the time of service. Failure to pay your co-pay at time of service will result in an additional \$10.00 fee. All payments are expected to be made in U.S. dollars. UBMD Primary Care accepts cash, personal check, and credit card (Visa, MasterCard, American Express, Discover). There is a \$35.00 fee for returned checks.

It is your responsibility to be aware of the details of your insurance coverage, including any requirements for referrals or pre-authorization. Not all of our providers participate with all insurance companies. Please verify whether your physician accepts your insurance coverage when scheduling an appointment. In addition, please ensure that you have designated a UBMD Primary Care physician as your Primary Care Physician (PCP) if your insurance company requires you to designate a PCP (not applicable to Addiction Medicine).

Self-Pay Accounts

Patients without insurance coverage, patients without an insurance card on file with the practice, or whose insurance is not accepted by the practice have “self-pay” accounts. This includes patients who have applied for Medicaid who do not yet have a valid Medicaid number. Liability cases are considered self-pay accounts unless a case number is provided. UBMD Primary Care does not accept attorney letters or contingency payments. If there is a discrepancy with the insurance information you provided to UBMD Primary Care, you will be considered self-pay until otherwise proven. If you are a self-pay patient, you will be expected to make a down payment of at least \$150.00 at the time of service. If this down payment does not cover all treatment charges, you will be billed for the remaining balance (or issued a refund within 60 days if your overall patient account has a credit balance).

Failure to make your deposit at time of service will result in an additional \$10.00 fee.



High Deductible Plans (Health Savings Accounts or Health Reimbursement Accounts)

If your insurance is a High Deductible Plan you will be required to make a down payment of at least \$75.00 at the time of service. If the total cost of services rendered is more than down payment you will be billed for the remaining amount. If the cost of your visit is less than the down payment we will send you a refund of the difference within 60 days if the deposit causes your overall patient account to have a credit balance.

No-Fault/Workers Compensation

You are responsible for providing our office with all information required to properly submit charges on your behalf (name of insurer, address, claim number, date of injury, etc.). Without this information you will be responsible for payment for the full cost of your visit(s). If you have private insurance with which we participate and you obtain any necessary referrals/authorizations, we will submit on your behalf and bill you for any unpaid balance.

Medicare

We are “participating physicians” with Medicare. This means that we must accept Medicare’s allowed charge for services rendered. Traditional Medicare will pay 80% of the approved amount. You are responsible for the remaining 20% plus any deductible that your plan may require. This payment is due at the time of service. We will write off the difference between what we charge and what Medicare approves. If you have secondary insurance, we will submit the claim for the remaining balance to your secondary insurance after Medicare has paid. Please remember that although we accept assignment for Medicare, the patient, by federal law, must be held responsible for any portion of the approved amount not paid by Medicare or a secondary insurance company.

Responsibility for Minors

The parent/guardian who holds the insurance policy for the child is considered the guarantor for the child and is responsible for payment regardless of personal circumstances.

No-Show/Cancellation Fee

A fee of \$35.00 may be charged for any appointments missed or not canceled at least 24 hours before the scheduled visit. It is your responsibility to notify the office when an appointment needs to be canceled or rescheduled.

Form Completion Fee

There will be a \$10.00 service charge for completion of forms not associated with an office visit. This fee is required to be paid at the time of the request. Please allow at least one week for forms to be completed.

**Late Fees**

Payment is due within 30 days from the date of the initial billing statement. A \$10.00 late fee will be assessed on each statement generated after the first statement until the outstanding balance is paid. Please contact the billing department if you are unable to pay your balance so a payment plan can be set up, and late fees may be avoided.

Referrals and Authorizations

Please be aware of and provide any required referrals or authorizations in advance of the appointment of service. If you do not provide these before care is provided, you will be responsible for the cost of the care. When in doubt contact your plan directly for clarification.

Past Due Accounts and Failure to Follow Payment Arrangements

Patients with an outstanding balance of 120 days may be discharged from our practice unless a payment arrangement is made. If your account is unpaid, and no payment arrangement has been made within 120 days, your account will be turned over to a collection agency.

Financial Difficulties

We encourage our patients to discuss any unexpected financial circumstances with our Billing Department. We realize that financial difficulties may sometimes arise and the Billing Department will work with you to make a payment plan under these circumstances.



Release of Information

By signing below, you authorize the release of necessary medical information to UBMD Primary Care for the purpose of processing any claims. You also authorize UBMD Primary Care to release and obtain any information pertinent to your case for purposes of payment.

Assignment of Payment

By signing below, you authorize payment directly to UBMD Primary Care for the surgical and/or medical benefits, if any, otherwise payable to you under the terms of your insurance.

By signing below, you acknowledge that you have read, understand, and will cooperate with the financial policy of UBMD Primary Care.

Patient Name (Printed)

Patient Date of Birth

Patient Signature or Responsible Party if Minor

Date

Policy effective date: 03.24.2014
Last reviewed/revised: 11.29.2017, 02.05.2018, 02.01.2024