

# Jamestown Family Health Clinic

## FINANCIAL POLICY 85.00.04

Jamestown Family Health Clinic wants to provide our community with quality health care services, thank you for choosing our organization for your health care needs. Please read the following notifications of the financial responsibility associated with health care services rendered to you or a family member, to help us continue to deliver the quality care our community deserves.

### **INSURANCE**

- As a courtesy to you, we will gladly bill your insurance for services.
- Co-payment is due at the time of your office visit. We accept payment by cash, check, or credit/debit card. We will provide a receipt for all payments, please keep this for your records.
- Please show your current insurance card(s) at each visit when you check in.
- Your bill is based on the services you received.
- You are responsible for paying any unpaid balance.
- Private insurance holders: your insurance coverage is an agreement between you and your insurance company.
- We cannot guarantee that your insurance will cover our services. It is recommended you call your insurance company with any questions about what they will cover.
- You are responsible to know your plan benefits including co-pay amounts, deductibles, what services are covered and not covered, as well as what services may require prior authorization.

### **UNINSURED (OR NO PROOF OF INSURANCE)**

- If you are uninsured or do not have proof of current insurance, you can take advantage of our Prompt Pay Program which offers a discount for services paid in full at the time of service. Be prepared to make a deposit of \$100.00 when checking in. The balance will be collected after your visit with your provider.
- If you do not take advantage of our Prompt Pay Program, a \$100.00 deposit will be collected when you check in for your appointment and the balance will be billed to you. Your entire balance is due upon receipt of your billing statement. Exceptions may only be made with approval of the Clinic Administrator.
- If you provide valid insurance coverage at a later date, you will be refunded when your insurance pays for the services provided.

### **MOTER VEHICLE ACCIDENTS**

- Motor Vehicle Accident (MVA) visits: \$100.00 is due at each appointment. The balance will be billed to you. It is your responsibility to provide the billing information to responsible payer (usually an auto insurance company).

### **TELEPHONE CONSUMER PROTECTION ACT (TCPA):**

- I give my consent to Jamestown Family Health Clinic and to any of its agents or business associates acting on its behalf to communicate with me regarding my accounts through various means such as 1) any cell, landline, or text number that I provide 2) any email address that I provide, 3) auto dialer systems, 4) voicemail messages, and other forms of communications.