

Thank you for choosing WellMed as your primary care provider. We are committed to providing you with quality and affordable health care. Please read our payment policy below and sign in the space provided. We are happy to answer any questions you may have. A copy will be provided to you upon request.

**Payment:** If your deductible has not been met, or a percentage is your responsibility, payment is expected at the time of service. You are also responsible for any balance due after insurance processes your claim. The balance will be balance billed via a statement. There is a \$25 charge for returned checks.

**Proof of insurance:** All patients must complete the patient information form before seeing a clinician. Please notify our office of insurance changes in primary or secondary insurance coverage. We will obtain a copy of your driver's license or state ID and current, valid insurance card. If you do not provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim. If we are unable to verify/confirm your eligibility, you may be responsible for incurred charges.

**Insurance:** WellMed participates in various insurance plans, including Medicare. Before receiving services, you should know your benefits and verify that we are participating providers for your insurance. If you receive service and we are not participating providers or our physician is not listed as your primary care provider with your insurance company, payment is due in full at the time of service.

**Managed care:** All managed care (HMO, PPO, etc.) co-payments are due at the time of service. If your insurance plan requires a referral authorization from a primary care physician, please present this at your initial visit. If you request an office visit or surgery without a referral authorization your insurance plan may deem this as out of network or non-covered treatment, and you will be responsible for a larger amount or all of the charges. Please ensure you understand what services are covered and are prepared to pay for any service deemed to be non-covered or not authorized by the plan.

**Medicare:** WellMed participates with the Medicare program and accepts the Medicare allowable payment, patient deductible, and/or 20% co-insurance. If you have supplemental insurance (Medigap) please provide us with a copy of your insurance card and any forms your insurance company may require. Medicare or secondary carriers do not cover some procedures and supplies. In these cases, you may be asked to sign a waiver form, which states that you understand that you will be responsible for these charges.

**Medicaid:** If you have Medicaid coverage of any kind, please notify us prior to your visit. This is part of your agreement with Medicaid; failure to notify us of Medicaid coverage may result in your financial responsibility for services rendered.

**Co-payments and deductibles:** All co-payments and deductibles are due at the time of service. This arrangement is part of your contract with your insurance company.

**Non-covered services:** Please be aware that some – and perhaps all – of the services you receive may be non-covered or considered non-reasonable or not necessary by Medicare or other insurers. A payment is due at the time of service and any remaining balance due will be billed via a statement.

**Claims submission:** We will submit your claims to your Insurance. Your insurance may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility, whether or not your insurance company pays your claim.

**Coverage changes:** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

**Non-payment:** If your account is past due you may contact our billing department to make payment arrangements.

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**Automobile accident patients:** WellMed may treat established patients for automobile accident care. A claim will be filed with your health insurance plan, or we accept payment as self-pay. WellMed will not accept a letter of protection from an attorney as a guarantee of payment or bill third-party insurance.

**Workers' Compensation:** WellMed does not treat new or established patients for workers' compensation/work injury. Additionally, WellMed does not participate in workers' compensation insurances.

**Children of divorced parents:** Payment for treatment of minor children of divorced parents rests with the parent who seeks the treatment. Any court-ordered responsibility judgment must be determined between the individuals involved, without the inclusion of WellMed.

**Fee schedule (charges):** Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

**Statements:** We will send a billing statement to the billing address you provide. If you have any questions or dispute the validity of the balance, please contact our business office within 30 days of receipt of the statement.

Thank you for reviewing our payment policy. Please let us know if you have any questions or concerns.

**I have read and understand the payment policy and agree to abide by its guidelines:**

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Patient

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DOB

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Signature of patient or responsible party

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Date