



## One Health Care Payment Policy

Thank you for choosing us as your primary care provider. We are committed to providing *accessible, quality health care for the whole community*.

Please read our payment policy, ask us any questions you may have, and acknowledge that you have received, read and understand these policies on our patient intake form. A copy will be provided to you upon request.

- 1. Insurance.** We participate in most insurance plans. Knowing your insurance benefits is your responsibility. Please contact your insurance company to verify that our physicians are in their network and with any questions you may have regarding your coverage.
- 2. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company.
- 3. Non-covered services.** Please be aware that some, and perhaps all, of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of the visit.
- 4. Service provided by another entity.** Services provided by another entity other than One Health (such as a hospital, specialist, or dentist) may result in additional charges and be billed directly to the patient by another entity in accordance with the other entity's policies and procedures.
- 5. Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your current insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of the claim.
- 6. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly to them. 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 for your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
- 7. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes and bring your new card with you to your next appointment.
- 8. Sliding fee scale discounts.** As a Federally Qualified Healthcare Center, we may be able to offer you a sliding fee discount based on your household income. Guidelines and applications are available at the front desk. Once your completed application with proof of income is received, it will be processed per the Federal Poverty Guidelines. Once qualified, you will receive notice indicating the amount of discount offered along with the expiration date. Qualified patients must pay at the time of service unless other arrangements are made with the Billing Department.
- 9. Non-payment.** If we have not received payment after three statements, you will receive a letter asking you to contact us regarding your account. Monthly payment arrangements are available upon request. Please be aware that if your balance remains unpaid, we may refer your account to an outside collection agency.
- 10. Missed appointments.** You will not be charged for missed appointments; however, we ask that you kindly let us know as soon as possible if you are unable to keep an appointment so that we may utilize our time to help others.

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