# TANDEM PRIMARY CARE,PLLC

## FINANCIAL POLICY/PRACTICE INFORMATION

We appreciate you for choosing Tandem Primary Care! Our goal is to provide the best quality healthcare for you and your family. The following is a statement of the financial policies and practice information of TPC. Please read it, ask us any questions you may have, and sign in the space provided. Please let us know if you would like a printed copy.

1. **Insurance.** We participate in most insurance plans, if we are not in network with your insurance plan, payment in full is expected at each visit. Always make sure to bring an up-to-date insurance card, to avoid unnecessary charges. Your insurance benefits can be challenging to understand, but a responsibility that is between you and your chosen insurance company. Please contact your insurance company with any questions you may have regarding your coverage. We will be happy to assist as well.
2. **Copayments and deductibles**. All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
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 visit.
4. **Self-pay Patients.** Patients will be given a 25% discount if payment is made on the same day of the appointment.
5. **Proof of insurance.** All patients must complete our patient information form before being seen. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information, you may be responsible for the balance of a 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. 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. 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 to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
8. **Name and address changes.** If your name or address has changed, please inform our front desk or call prior to your next visit.
9. **Laboratory.** For our patient's convenience, Quest Diagnostics is located in our office for your laboratory needs. Some labs are billed by TPC and some may be billed through Quest Diagnostics depending on what labs are ordered. It is your responsibility to understand your insurance plan. Should there be an unpaid **claim**, you will receive a bill directly from Quest Diagnostics.
10. **Forms.** Please bring all forms needed to your office visit, such forms include, but are not limited to, insurance policy, physical forms, FMLA and/or disability. When a form needs completion that is not accompanied by an office visit, there will be an administrative fee charged.

11. **After Hours Care.** We do have after hours calls provided for URGENT needs only. It is our policy not to prescribe any medications with after hour calls.

12. **Payment Plans.** We expect that you will make your payment to Tandem Primary Care on a timely basis. Please feel free to contact us if you are having trouble with making payments. We desire to help all patients before referring your account to an outside collection agency.

13. **Nonpayment.** If your account is over 60 days past due, you will receive a letter stating that you have 10 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we will refer your account to a collection agency and **you will** be discharged from this practice. If this is to occur,you will be notified by mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

14. **Missed/No Show appointments**. Our policy is to charge $25.00 for missed standard office visit appointments and $50.00 for No Show Physical and Procedures appointments not canceled within 24 hours before your appointment.These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

15. **Appointments**. We will try to see any urgent issue on the same day you call. We open at 7 am every morning Monday-Friday so please call as early as possible. Diabetes, hypertension, and other chronic problems do require periodic scheduled visits. We therefore need to see you at regular intervals, and will not be able to phone in refills without a recent office visit. Please request refills on medications while in the office to last until your next follow up visit.

16. **Returned checks**. There will be a $35.00 service charge for all returned checks. If a patient has more than one returned check, that patient will be required to pay with cash and/or credit card only for future visits.

17. **Preventative Physical Exams.** Frequently, medical issues arise during the yearly physical exam. We understand that it is difficult for patients to fit office visits into their busy schedules, so we try to address medical issues (unrelated to Physical Exam) at the time of the visit when time allows. An office visit code may be billed in addition to your Preventative Physical Exam as determined by your provider. Your insurance company may require a copayment/deductible for this appointment type. If you would prefer to discuss medical problems at a separate visit, please inform our clinical staff before the Preventative Physical Exam and we can assist you in scheduling that appointment.

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.

Please let us know if you have any questions or concerns.

The signature below indicates consent to treatment by Tandem Primary Care.

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

_____ _____

**Signature of patient or responsible party** **Date**

_____ _____

**Printed Name** **DOB**