

AUBURN FAMILY HEALTH CENTER, P.C.

FINANCIAL POLICY

Thank you for choosing Auburn Family Health Center, P.C. as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require that you read, agree to, and sign prior to any treatment.

If you do not have insurance that we currently participate with or do not have any health insurance, you will be considered a “self-pay patient.” Payment for “self-pay patients” is due at the time of service. You are able to visit with a patient accounts representative in making arrangements to fulfill your financial obligation.

For Worker’s Compensation claims, it is our policy to bill your employer or the worker’s compensation carrier for services rendered. It is your responsibility to contact us with the name, and address of your employer or the insurance company, which covers your employer. If you are covered, we will accept the payment made by worker’s compensation as payment in full. If worker’s compensation denies payment, the entire balance will become your responsibility.

We will file insurance claims to insurance carriers that we participate with. However, we ask that you pay at the time of service for any balance that may be your responsibility such as; co-payments or deductibles. Currently we participate with Medicare, Railroad Medicare, Nebraska Medicaid, Missouri Medicaid, United Healthcare Insurance Group, Midlands Choice, Blue Cross/Blue Shield, Mutually Preferred, Midwest Select, Coventry Healthcare of Nebraska, Accountable Health Plans, Healthcare Preferred, Tricare, Medicare Private Fee For Service Plans, and Every Women Matters.

Fees for office visits will vary depending upon the type of service provided, this will include; history, examination, and medical decision making by the physician. There are five levels of service for each new and established patients. A new patient is one who has not received any professional services from any physicians associated with Auburn Family Health Center, P.C., within the last three years.

To help in this policy we ask that you assist us by:

1. Providing us with a current health insurance card and updated information on yourself and your insurance coverage and advise us of any changes.
2. Make payment at the time of service for the entire balance if you are a “self-pay” patient.
3. Pre-Employment/DOT Physicals are the responsibility of the employee unless otherwise arranged through the employer with Auburn Family Health Center, P.C.
4. Paying the amount of your copay/deductible upfront, if you are covered by one of our participating insurance carriers.
5. Acceptable payment methods are: cash, check, debit card, and credit card (Mastercard, Visa, Discover, and American Express).
6. Arrive promptly for your scheduled appointment time or call in advance if you have to cancel or reschedule your appointment. We would appreciate cancellations and rescheduled appointments be made 24 hours in advance.

I HAVE READ AND UNDERSTAND AUBURN FAMILY HEALTH CENTER, P.C.’S FINANCIAL POLICY:

Signature of Person Financially Responsible for Bill

Date