

Lakeshore Family Medicine Assoc. PC
7060 Erie Road Ste 100
Derby, NY 14047-9306

Phone: 716-947-0408 Fax: 716-947-0413
Billing Office 716-947-4851

OFFICE POLICY

ANNUAL PHYSICALS ARE REQUIRED AS PER YOUR INSURANCE CONTRACT.

Thank you for choosing Lakeshore Family Medicine as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office and or billing company of any patient information changes (i.e. address, name, insurance information, phone numbers and e-mail). Proof of insurance must be provided at each visit. Please be prepared to provide a picture ID and your insurance card with one of our providers listed as your Primary Care Physician.

Co-pays

All co-payments and past due balances are due at time of check-in unless previous arrangements have been made with a billing coordinator. We accept cash, check or credit cards. Absolutely no post-dated checks will be accepted. A \$5.00 processing/collection fee will be assessed if you cannot make your co-pay payment at the time of your service/appointment.

Please contact your insurance company for additional information and clarification on what types of appointments and provider visits require co-pay payments. Your financial obligations with your insurance coverage is due at the time of service. Some provider services will require further co-payments at the time of service rendering. All visits are coded to the level of service you receive. Depending on that level of service, you may receive a statement with a due balance even if you made a payment in the office. Please review your insurance benefit policy to fully understand your financial responsibilities.

Insurance Claims

Insurance is a contract between you and your insurance company. In most cases, we are NOT a party of this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient

responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company does not pay for any of your services performed at our office, you may be responsible for the complete balance of the non-payable services. If we are out of network with your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

If your coverage is a sponsored insurance plan and you lose your certification, we may not be able to inform you prior to your appointment. Please be mindful of your coverage dates and time frame. If your sponsored insurance plan lists you as uncovered for a date of service, you will need to reschedule your appointment. Please contact your insurance provider to find out how often you need to recertify your coverage as well as your recertification due dates.

Self Pay / Private Pay

All self-pay or private pay patients are required to pay for their office visit in full on the date of their appointment. Cash, check and credit card payments are accepted at the time of visit.

Workers' Compensation and Automobile Accidents

In the case of a workers' compensation injury or automobile accident, you must obtain the claim number, phone number, contact person, and name and address of the insurance carrier prior to your visit. If this information is not provided, you will be asked to either reschedule your appointment or pay for your visit at the time of service.

When We Expect to See You

It is our policy to see you every year for your Annual Visit as per your insurance contract. We will ask you to schedule this appointment if you are due. If you come in for a sick visit the Provider may also do your Annual visit if you are overdue. If you decline to have your Annual Exam this may affect your patient status with Lakeshore Family Medicine including discharge from the practice.

Your prescriptions will be filled every six months at an appointment just for this purpose. One of those visit may be the Annual Exam. Prescriptions are not refilled during sick visits. If you have diabetes or other serious conditions the Provider may ask you to be seen every 3-4 months until your health directives have been achieved.

Missed Appointments

We require 24-hour notice of appointment cancellation. Appointments missed that are not previously canceled outside of the 24-hour notice will be charged a fee of \$50.00.

Returned Checks

The charge for a returned check is \$40.00 payable by cash, credit card or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

Minors

The parent(s) or guardian(s) is responsible for full payment and will receive the minors billing statements. A signed release to treat may be required for unaccompanied minors.

Additional Fees

Please note there is a \$20 fee for forms to be filled out. No show fee of \$50. Medical records fee of .75 for each printed page. FMLA (FAMILY LEAVE ACT FORMS) are fee of \$35. This fee will be assessed to your account at the time you drop off the paperwork and is payable at pick up.

Outstanding Balance Policy

It is our office policy that all past due accounts be sent two statements. If payment is not made on your account, a single letter will be sent to try to establish payment arrangements. If no resolution can be made, the account will be sent to a collection agency and/or an attorney. Possible discharge from the practice may occur with a 30 day notice should payment in full or payment arrangements not be met. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees, court costs and an additional \$50.00 collections processing fee. Speak with the billing office at 716-947-4851 to discuss outstanding balances. Your balance can be paid on line at lakeshorefamilymedicine.com.

Payment Arrangements

Payment arrangements can be made at any time and can be done so through our billing office at 716-947-4851. Arrangement options include auto-debit and credit card schedules via our credit card processing system. Please note all payment arrangements must be honored as outlined in the payment arrangement agreement between you and the billing company.

Payment arrangements are available with a minimum payment of \$50.00 per month. You must have a debit or credit card available to make payment arrangements. You will receive a copy of your payment arrangement in writing. While on a payment arrangement, you cannot accumulate additional balances. If you ask to have your payment arrangement adjusted or reduced, your payment will increase the amount of your monthly payment.

Once a payment arrangement is made, a missed payment will result in the entire overdue balance to be paid in full. Anyone with a missed payment on a payment arrangement will not be able to book an appointment until the overdue amount is paid in full. Failure to honor your payment arrangement can/will result in further action up to and including discharge from medical services post a 30 day notification period. Your balance can be paid on line at lakeshorefamilymedical.com.

Collection Company Policy

In the event that payment has not been made on your account or payment arrangements have not been honored as agreed via the Outstanding Balance and Payment Arrangement Policies, the practice may enter into an agreement with a 3rd party Collection Agency to obtain the financial debt owed to the medical practice. Note, during this period the ability to obtain medical services will be honored through, however further payment on outstanding debt will be required in addition to current co-pay's, co-insurance and/or deductible balances. If payments cannot be honored, the practice reserves the right to discharge the patient from the medical practice via a notification letter announcing the intend to discharge, as well as provide the patient 30 days to find primary care from an additional provider.

In the event there are unforeseen financial circumstances (hardship or bankruptcy); appropriate documentation must be provided to the office staff and management for review. The office and billing company collection efforts will be modified in accordance to the hardship agreements and/or bankruptcy notifications. Please note that both hardship and bankruptcy status can result in discharge from the practice via the 30 day notification process. Contact Information

Medical Billing Company

Renew Medical Billing and Coding 716-947-4851.

Credit Card Payment Website:

www.lakeshorefamilymedical.com - click "Make Payment Now" and follow the instructions