

# Erland Internal Medicine, P.C.

3667 N Locust Grove Rd.

Meridian Idaho 83646

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## PAYMENT POLICY

Thank you for choosing Erland Internal Medicine, P.C. for your health care. Our goal is to provide high quality, thorough, effective treatment and care to each and every patient. In return we ask each patient to accept responsibility for their health care and responsibility for paying all fees related to his/her treatment. Payment can be made by cash, check, Visa, or MasterCard.

1. **Insurance.** We participate in most insurance plans, Erland Internal Medicine, P.C. will bill your insurance company on your behalf. The procedure for obtaining insurance payments varies widely depending on the insurance plan and the insurer, so we rely on you to provide us with the necessary information. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. A \$50 charge will be collected at the time of your visit if: (1) you do not have insurance coverage, (2) are not insured by a plan with whom we do business, or (3) do not have a current insurance card. Any remaining balance will be billed to you and must be paid in full 30 days after receiving your statement. If your insurance company pays for the visit, you will be sent a refund.
2. **Co-payments and deductibles.** All co-payments must be paid at the time of the 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. Any deductible will need to be paid in full 30 days after receiving your statement.
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 insurance companies. You must pay for these services in full 30 days after receiving your statement.
4. **Nonpayment.** Any remaining balance due after the insurance carrier has paid will be sent to your home. This amount is due in full 30-days after receipt. If you are not able to pay your balance in full, you must call Erland Internal Medicine, P.C. before your bill is due. If payment is not received in a timely manner and your account becomes delinquent, please be aware that Erland Internal Medicine, P.C. may ask you and your immediate family to find another health care provider and may also turn your account over to a collection agency. If this occurs, you will be notified by regular and certified mail that you have 30-days to find another health care provider. During that 30-day period, Erland Internal Medicine, P.C. will only be able to treat you on an urgent or emergency basis.
5. **Missed appointments.** Our policy is to charge for missed appointments that are not cancelled within a reasonable amount of time. If you realize that you won't be able to keep your appointment, please let us know as soon as possible. If you miss any of your appointments, please be aware that you may be charged a \$100.00 missed appointment fee.
6. **Insufficient funds.** If we receive a check back for insufficient funds, please be aware that you will be charged a \$10.00 service fee.
7. **Statements.** Statements will be sent out on a monthly basis to those patients who have a balance of \$3.00 or more.
8. **Refunds.** Any refunds due to patients will only be paid after they reach a balance of \$5.00 or more.

I certify that I have received a copy of Erland Internal Medicine, PC's Payment Policy and agree to all terms and conditions as stated. I understand it is my sole responsibility to verify my medical coverage with my insurance company. I also understand that all remaining fees associated with my office visit(s) will be due in full 30 days after I receive a statement from Erland Internal Medicine, PC.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_