# **Financial Policy for Patient Care Services**

Wind in the Willows Acupuncture wants to provide the most efficient and affordable health care services, so it is necessary for us to have a financial policy stating our requirements for timely payment of services and products provided by our office. To help us help you, please:

- 1. Provide us with accurate and updated information on yourself and your insurance company.
- 2. Pay at the time of service for your entire balance.
- 3. Understand your insurance plan requirements. If your plan requires it, you need to be aware of, and provide us with either:
  - a. Prior written referral from your primary care physician or specialist, or
  - b. Pre-authorization for treatment from your insurance company
- 4. Schedule a phone call to discuss account balance. It is important for the physician to be allowed to provide patient care in the time allotted.

#### **Insurance Patients**

We are happy to file for insurance as a courtesy to you. As stated by your insurance company: "Verification of benefits is no guarantee of payment." If you have insurance and we file with your carrier for you, you will be responsible for all charges not paid by the insurance company.

Wind in the Willows Acupuncture sends claims with procedure codes to the insurance companies. Your insurance company then chooses the "reasonable and customary" amount to apply to your visit. Your insurance plan is a contract between you and your insurance company, therefore any amount applied toward your deductible must be paid in full.

By providing your written/electronic consent:

- 1. You are authorizing Wind in the Willows Acupuncture, its providers, and its employees to release any necessary information related to this visit and all future visits to your insurance company for claim(s) payment.
- 2. You are authorizing your insurance company and your medical provider to release your medical records to Wind in the Willows Acupuncture for claim(s) payment.
- 3. You are authorizing your insurance company to pay all future claims for services provided by our office directly to Wind in the Willows Acupuncture.
- 4. You are giving Wind in the Willows Acupuncture the right to speak with your insurance company, any thirdparty insurance company, and your attorney regarding your claims and bills.
- 5. You agree that a photocopy of any document is valid and effective as the original.

If you prefer that we do not file insurance claims for you, you may request a superbill.

#### **Self-Pay Patients**

If you do not have insurance or our services are not covered by your insurance company, you will be considered a "Self-Pay" patient.

#### **Finance Charges**

Failure to pay for services and products provided by our office will result in a finance charge. If we need to forward your account to a collection agency for further legal action, you will be responsible for the entire balance on your account plus any collection fees or applicable charges.

#### **NSF Charges**

We charge an NSF charge if any payment is returned due to insufficient funds. If payment is returned, we are authorized to charge your credit card on file for the balance owed plus the NSF charge.

### Credit Card on File Policy (this does not apply to VA Patients whom we've received authorizations for treatment)

Thank you for choosing Wind in the Willows Acupuncture for your healthcare needs. We are committed to providing you with exceptional care, as well as making our insurance billing processes as simple and efficient as possible. Recent shifts in the healthcare industry have resulted in insurance companies increasingly transferring costs to our patients, you, the insured. This is driving many practices to adopt new financial policies to enable more efficient operational processes. Some insurance plans require deductibles and co-payments in amounts not known to you or us at the time of your visit.

To streamline our billing and payment system and to provide a seamless, convenient way for patients to pay their bills, effective October 1<sup>st</sup>, 2020, Wind in the Willows Acupuncture will require all patients keep an active credit card on file with us. We will bill your insurance company first and upon their determination of benefits, we will only charge your credit card when they inform us of patient responsibility. Circumstances when your card would be charged include but are not limited to: missed or canceled appointments without 24 hour notice, missed co-payments, deductible and co-insurance, any non-covered services and/or denial of services.

- Once your insurance has processed your claims, they will send an Explanation of Benefits (EOB) to both you and our office showing the amount of your total patient responsibility. You will typically receive the EOB before we do, so if you disagree with the patient responsibility balance owed, it is your responsibility to contact your insurance carrier immediately.
- When we receive the EOB, we will enter all pertinent payment information into our system. At that time, any remaining balance owed by you will be charged to your credit card and a copy of the charge will be sent to the email on file.

If the credit card we have on file for you changes, please notify our office IMMEDIATELY by phone. It is not uncommon for people to change or cancel their credit cards for various reasons, including when a credit card expires. That is quite understandable. If we run your credit card and it is denied for any reason, we reserve the right to charge an additional \$25 declined card fee if we are not able to run a new credit card within 7 days.

We will contact you or leave you a phone message on the phone number you provided for us, asking you to give us a call with the new number right away. We will enter the new credit card number into your file, and that will become your new card on-file, subject to the same financial policy as the card you gave us in-person when you were in our office.

If there is a problem with your bill/claim and it is brought to our attention after your credit card payment processes, we will investigate it and if we owe you the money, we will refund it to you in a timely manner. We understand that there are legitimate reasons that you may not have a credit card. If this is the case, you are welcome to leave an HSA (Health Savings Account) or Flex Plan Card on File. You may also pay for the visit with cash or a personal check.

## **Pre-Authorized Healthcare Form**

By completing and submitting the electronic signature pages, I agree to all of Wind in the Willow Acupuncture's Credit Card on File Policy and I authorize Wind in the Willows Acupuncture to keep my electronic signature and a valid credit/ debit card number securely on-file in my account.

I allow Wind in the Willows Acupuncture to automatically charge my credit card for any outstanding balances. These may include: insurance denials for ANY reason (including no referral on file); missed or canceled appointments; deductibles; co-insurances; partially paid claims. Missed or canceled appointments without 24-hour notice will be charged the \$50 fee at the time of the appointment.

If the credit card that I give today changes, expires, or is denied for any reason, then I agree to immediately give Wind in the Willows Acupuncture a new, valid credit card which I will allow them to key-in over the phone. Even though

Wind in the Willows Acupuncture is not swiping this card in person, I agree that the new card will still be subject to the financial policy listed here and may be used with the same authorization as the original card which I presented in person.

I understand that I am responsible for payment for all medical services provided to me by Wind in the Willows Acupuncture. I understand that my insurance may deny or delay payment for these services or only partially pay them, and I agree to allow Wind in the Willows Acupuncture to immediately charge my credit card on file for the balance if that happens. I understand that this form is valid until I cancel this authorization through written notice to Wind in the Willows Acupuncture.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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