FAMILY PHYSICIANS OF SPARTANBURG

Patient Responsibility

Payment Policy

It is our payment policy to collect the appropriate payment due from the patient at the time the service is rendered. This may only be your *copayment or copay*, *deductible*, and/or *coinsurance*, but we do ask for payment at the time of your visit.

Your health insurance company benefit plan identifies that you are responsible for the following estimated charges:

Deductible,Copayment, Coinsurance, Other charges that are not covered services

Patient Medical Billing Process

The physician office staff, as a courtesy to you, will submit a medical bill to your *primary health insurance company* for processing. It is important to give your updated information to the physician office staff, since your complete and current information is necessary to submit an accurate *claim form* to your insurance company. The remaining claim will be sent to a *secondary health insurance company*, if provided, after the payment is received from the primary health insurance company.

You are responsible for any outstanding balance, such as *noncovered charges*, as outlined in your health insurance company policy.

Important Information about Wellness Coverage

In the past, all complete physical examinations were submitted as diagnostic. This meant that when a patient was seen for their annual exam, specific diagnosis such as chest pain, headache or hypertension were submitted to receive payment for services.

In recent years, insurance plans have started offering annual "Wellness" coverage. Wellness visits are considered preventative health services and are only justified by using "Preventative Screening" for diagnosis. Wellness exams are reimbursed at a lower rate as physicians are not allowed to perform any testing, write new prescriptions or discuss new problems.

Given the facts that we have discovered about "Wellness" coverage, we have determined that a Comprehensive Physical Examination differs significantly from a Wellness Exam.

We recommend our patients have a yearly Comprehensive Physical Examination and will therefore code our visits as such unless otherwise instructed by the patient at the beginning of a visit. However, if a patient prefers a Wellness Exam, the physician will not be able to consider new issues, write new prescriptions or perform baseline ECG, blood work or x-ray testing.

Please note that once your claim has been submitted, we cannot change your visit from Wellness to Diagnostic or vice-versa.

Patient Glossary of Terms

Benefit—The amount your plan will pay a physician, group, or hospital as stated in your policy, toward the cost of the service or procedure to be performed by the physician.

Bill/invoice/statement—The summary of your medical bill.

Claim—The form that the physician files with a health insurance company that details the services and procedures performed by the physician, on your behalf, and other pertinent data that are required by the health insurance company to receive payment.

Copayment or copay—The part of your medical bill you must pay each time you visit the doctor. This is a preset fee determined by your health insurance policy.

Coinsurance—The part of your bill, in addition to a copay, that you must pay. Coinsurance is usually a percentage of the total medical bill, for example, 20%.

Deductible—The amount you must pay for medical treatment before your health insurance company starts to pay, for example, $500 per individual or $1500 per family. In most cases, a new deductible must be satisfied each calendar year.

Noncovered charges—Costs for medical treatment that your health insurance company does not pay. You may want to determine whether your treatment is covered by your health insurance policy before you are billed for these charges by the doctor's office.

Out-of-network—The physician is not contracted with the health insurance company to provide you with medical treatment. You are responsible for the payment for the medical care.

Primary health insurance company—The health insurance company that is responsible to pay your benefits first when you have more than one health insurance plan.

Secondary health insurance company—The secondary health insurance company is not the first payer of your claims. The remaining claim balance will be sent to a secondary health insurance company, if provided, after payment is received from the primary health insurance company.

Prior Authorization/ Precertification—Family Physicians works hard to get authorizations and certifications for medications, procedures and services for our patients. There will be times when we have to ask for your assistance with this.

For questions about your bill, please call [contact name] at [telephone number] Monday through Friday between the hours of [beginning time] and [ending time].

Patient's Name (Please Print)________________________

Patient's Signature_________________________________

Date____