

# First in Primary Care

# Broadway

## M E D I C A L C L I N I C

### FINANCIAL POLICY SUMMARY

Patient and/or Guarantor assume responsibility for all charges resulting from treatment provided by Broadway Medical Clinic, L.L.P. We bill most insurance carriers in expectation of prompt payment. Responsibility for unpaid balances is that of the Patient and/or Guarantor. Payment for service is due within 15 days of receipt of statement, unless financial arrangements are made in advance.

*It is the responsibility of the Patient and/or Guarantor to understand the terms, deductibles, and conditions of their insurance plan. Insurance providers do not always cover preventive or well care visits. Contact your carrier's Member Services Department for clarification. When insurance information is unavailable or valid insurance information is not provided prior to or at time of service, the Patient and/or Guarantor will be held responsible for charges incurred. A deposit will be collected at time of service of \$100.00. The clinic has a self-pay fee schedule. No discounts are provided on laboratory, imaging or medication services.*

- **Divorced Parents** – Both parents are held equally financially responsible for services provided to minor child.
- **Uninsured Patients** – Patient and/or Guarantor, who do not have verifiable insurance at time of service, are required to pay a minimum of 100.00 deposit at every visit towards estimated charges related to their appointment.
- **Appointment Requirements** – In compliance with Federal Fraud and Abuse guidelines, we ask that Patient and/or Guarantor present at each visit; *Photo ID, the Patient's current insurance identification card(s)*, and be prepared to pay all applicable co-pays. We also ask to be advised of any change in insurance coverage and communicate change in name, address, telephone numbers, and employer. The clinic is not responsible for claims billed outside the insurance guidelines if correct insurance information is not provided at time of service.
- **Co-payment** – Co-payments are due at the time of each visit. **Failure to pay a co-payment at the time of appointment will result in a \$35.00 billing fee, in addition to the copay amount.** Your insurance company may apply an additional copayment at time of claim processing for such services as imaging, laboratory or procedures based on your plan design.
- **Health Insurance** – Broadway Medical Clinic, L.L.P. will bill most employer sponsored insurance carriers as a courtesy to our patients. Secondary insurance will be billed as a courtesy when information is presented at time of service. Newborns must be added to insurance within 30 days of birth. Please present picture ID and your insurance card at each visit.
- **Medicaid/Oregon Health Plan or other State subsidized plans** – Enrollees are required to bring their current Medicaid eligibility card. Please be prepared to pay any applicable copayment at time of service.
- **Non-Covered Services by your health care plan**- Some services, including but not limited to immunizations, lab work, medical supplies Physicals, or preventative visits, may not be covered by your health plan. You may be asked to sign a "notice of non-coverage" to receive the services.
- **Motor Vehicle Accident** – Patient and/or Guarantor are required to inform Broadway Medical Clinic, L.L.P. at time of scheduling if services are related to a Motor Vehicle Accident. All charges related to a Motor Vehicle Accident (MVA) **are the responsibility of the patient.** However, we will bill the patient's automobile carrier as a courtesy but we do not hold for 3<sup>rd</sup> party liability.
- **Workers' Compensation Claims** – Patient and/or Guarantor are required to inform Broadway Medical Clinic, L.L.P. prior to each visit when medical services are related to a Workers' Compensation claim and to file an accident report with their employer and present proof of claim for medical services. An 827 is to be completed at the 1<sup>st</sup> point of care following the injury. **Should the claim be denied, Patient and/or Guarantor are responsible for the appeal process.**
- **Missed Appointment Fee:** A fee of \$100.00 may be charged for missed preventive, dermatology and behavioral health appointments; all other appointments will be assessed \$75.00 first missed appointment increasing to \$100.00 for subsequent no show or not cancelled with 1 business notice.
- **Rebilling Fees:** Unpaid balances exceeding 8 weeks will be subject to a \$5.00 per month rebilling fee.
- **Returned Check Fee / Declined Credit Cards:** A \$35 fee will be charged if your check is returned from your bank unpaid or if your credit card is denied.

Signature: \_\_\_\_\_

You may contact our Financial Counseling Dept. at (503) 331-7665.

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

updated 08/17/2021