



PAYMENT POLICY, AGREEMENT ASSIGNMENT OF INSURANCE BENEFITS & MEDICAL RECORDS POLICY

Shannon M. Pope, MD
Board Certified in Internal Medicine & Pediatrics

Thomas C. Pope, MD
Board Certified in Internal Medicine & Pediatrics

Thank you for choosing FAMILY MEDICAL CARE *of* SMITHFIELD for your medical care. We believe that the patient physician relationship is based upon mutual trust and understanding, and that it is important for you to have a clear understanding of your rights and responsibilities. We ask that you carefully review the following information, and if you have any questions or concerns, please ask us.

RELEASE OF PRIVATE MEDICAL INFORMATION: By signing this agreement, you authorize FAMILY MEDICAL CARE *of* SMITHFIELD to furnish any insurance carrier(s) or other third party payors or their agents, attorneys, or legal representatives all pertinent medical information which said parties may request concerning your illness or injury, which they deem necessary to determine coverage or which may be required to render payment. You also agree to assign FAMILY MEDICAL CARE *of* SMITHFIELD any and all health care benefits to which you are entitled under any policy of insurance and authorize, to the extent permitted by law, payment of those benefits directly to FAMILY MEDICAL CARE *of* SMITHFIELD.

INSURANCE CLAIMS: Insurance will be filed with Primary and secondary insurance ONLY. Patients are responsible to file with additional payers. Patients are responsible to inform FAMILY MEDICAL CARE *of* SMITHFIELD which insurance should be listed as the primary payer. Inaccurate insurance information that results in denial of payment or a retraction in payment will be the responsibility of the patient. FAMILY MEDICAL CARE *of* SMITHFIELD must have a copy of your current insurance card in order to file claims. In the event that you cannot provide proof of coverage, you will be considered “self-pay” and payment in full will be required at the time of service.

CO-PAYMENTS, CO-INSURANCE, DEDUCTIBLES, OUTSTANDING BALANCES AND CARD ON FILE: All co-payments are due at the time of service and will be collected at check-in. Self-Pay patients must pay in full on the date of service. Effective October 1, 2013, we require a credit/HSA/FSA card (NO CHECKING/BANK CARDS) on file in order to collect deductibles and co-insurances after we receive your explanation of benefits from your insurance. Your insurance company is required to send you an explanation of Benefits (EOB) which will indicate any remaining patient balance due. Beginning October 1, 2013, your card will be charged for any remaining amount designated as patient responsibility after processing the payment made by your insurance. Please contact our office upon receipt of you EOB if you feel there is an error in the amount of patient responsibility. In the event that your card is declined, you will be assessed a \$2.00 decline fee. If you prefer not to utilize a card on file, we will request a \$200.00 credit deposit by cash or check. Patient balances are due immediately and are not contingent upon receiving a statement. All payments are posted to the oldest outstanding Balance. Accounts requiring a mailed statement will be charged a \$10.00 administration fee per month.

COLLECTION ON ACCOUNTS: Accounts with outstanding balance over 60 days may be turned over to a Collection Agency. An additional fee of 34% of the account balance will be charged on accounts referred for outside collections. Once an account has been referred for outside collections, we will no longer be able to provide medical care to any family members that are under your account. Amounts placed with a collection agency will need to be paid in full to the collection agency.

PHOTOCOPYING IDENTIFICATION: By signing this agreement, you authorize FAMILY MEDICAL CARE *of* SMITHFIELD to photocopy your identification cards, including, but not limited to your insurance card and driver's license.

RETURNED CHECKS: FAMILY MEDICAL CARE *of* SMITHFIELD charges a \$25.00 fee for any returned check.

MEDICAL RECORDS REQUEST POLICY: The Purpose of This Policy is to: Ensure that our patients' medical records are not released to any unauthorized individuals. Develop a tracking system to document an accounting of disclosures in order to be compliant with HIPAA.

- Medical records can be released to healthcare providers who are participating in your care. If we have referred you to another doctor, we will send them your records prior to your appointment.
- You can request a copy of your own medical record. A medical release form can be used, or you can write a letter with all of the appropriate information. Faxes are accepted for patient requests, as long as your signature can be validated. NO emails or telephone/verbal requests can be made. We obtain your signature for your protection.
- Patients are the only ones who can authorize release of records— not spouses, grown children or friends, unless they have power of attorney. Requests for medical records may take up to 30 days to process.
- We are allowed by law to charge a fee for providing a patient with a copy of his/her medical record. In accordance with federal regulations, the amount of that fee will be \$6.50 for each copy of each patient's record that is provided.