

STATEMENT OF FINANCIAL RESPONSIBILITY



(866) 707-OMNI (66 64) • www.OmniFamilyHealth.org

WELCOME!

Thank you for choosing Omni Family Health (OFH) as your primary care provider. We are committed to providing you with the best possible care. Your clear understanding of our practices' financial policy is important to our professional relationship. We make every effort to keep our fees reasonable while at the same time covering the cost of services we provide. Payment of your bill is considered part of your overall treatment and responsibility. In order to keep healthcare costs to an absolute minimum, we have adopted the following policies.

Fees and Payments

Fees are standard and based on the complexity of your visit. Payment in full is required at the time of your visit and can be made with cash, personal check, money order, Visa, MasterCard, or Discover.

While, filing insurance claims is a courtesy that we extend to all of our patients, all charges are your responsibility from the date services are rendered. OFH will file claims to insurances provided (primary & secondary) during registration. Your insurance is a contract between you and/or your employer, and the insurance company, we are not party to that contract. In order for us to file a claim on your behalf, you must present a **CURRENT** copy of your insurance card(s) at each visit and communicate any changes in your personal information.

Not all services are a covered benefit in all policies, so it is very important that you understand the provisions of your individual policy. Insurance companies select certain services that they will not cover, therefore we can't guarantee payment of all claims by your insurance company. Some common examples of non-covered services are labs, radiology, pharmacy, dental supplies and/or labs, contact lenses, mental health, and chiropractic, etc. Rejection of your claim does not relieve you of your financial responsibility to OFH.

PLEASE NOTE: Each visit is documented in your medical record and a diagnosis is made by the provider. Diagnoses are made based on medical information, not based on coverage by insurance companies. To request a diagnosis, change solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and is considered insurance fraud.

Required at Check-in:

- I. Verify personal contact information
- II. Present current copy of insurance card
- III. Present current picture ID
- IV. Payment of any outstanding balance
- V. Payment for today's visit

We will verify your coverage up to three days prior to your visit and again during the check-in process. If we are unable to do so, you will be considered self-pay and will be responsible for payment in full at your visit.

Sliding Fee Discount Scale

As a Federally Qualified Health Center (FQHC), it is OFH's policy to make healthcare affordable by offering a sliding fee discount (SFDS) program to patients who qualify based on their family size and income level in accordance with the Federal Poverty Guidelines (FPG). Services not covered under the Sliding Fee Discount Scale, will be your responsibility to make payment in full at the time of service. These services are labs, radiology, pharmacy, dental supplies and/or labs, and contact lenses.

Self-Pay

In order to address the needs of our patients without insurance and patients with coverage limitations that do not qualify for our SFDS we offer a reduced rate off of our usual and customary fees. This discount acknowledges the lower cost involved in billing and collections when a claim does not need to be submitted to a third party payer. In order to qualify, payment needs to be made IN FULL prior to or upon completion of your visit or procedure. Any remaining balance is not eligible for a discount. This discount applies to all medical services provided and is offered only at time of service.

Co-Payments

Your insurance company requires us to collect co-payments at the time of service. Waiver of co-payments may constitute fraud under state and federal law. If you do not have your co-payment, your appointment may be rescheduled.

Family Medical Leave Act and Disability Paperwork

If your employer requires Family Medical Leave Act (FMLA) or Disability paperwork to be completed by your provider, we offer the following options:

- I. A form created by our practice that meets the needs of both the employer and patient. Patients may request this form be filled out at any time to clarify their current condition. The turnaround time for this form can be up to 15 (fifteen) business days and there is no charge to the patient for this service.

Delinquent Balance Appointment

Non SFDS patients with a delinquent balance are required to make payment in full for all services. A delinquent account is defined as a patient balance in excess of 120 days if the patient has not made any payments or sought assistance via financial hardship during this time. If such payment is not made, the balance may be referred to an outside collection agency.

Medicare and Medi-Cal

We gladly accept Medicare patients and will bill our services at the allowed rates. Medicare regulations require that you sign an Advanced Beneficiary Notice (ABN) at every visit where your procedure may not be covered. This form helps to explain which services Medicare may not cover and may be your responsibility. Non-Covered services include, but are not limited to, Chiropractic and Vision.

Annual Eye Exams

Please verify with your insurance that you are eligible for vision exams and eyewear materials before making your appointment. Some insurances may not cover all vision services, including, but not limited to, eye exams and/or eyewear materials.

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- II. Forms directly from your employer requiring additional information take considerable time for the staff to complete. We are happy to complete these forms for you; however, there can be up to a 15 (fifteen) calendar day maximum turnaround and a charge of \$25.00 payable in advance.

Medical Records

All OFH patients may request a copy of their medical records via our Patient Portal. This can be done at no charge to the patient and received electronically within 30 (thirty) business days.

MISCELLANEOUS CHARGES

Returned Check Charge

Non-sufficient funds (NSF) checks are subject to a \$19.00 fee (this is not included in any fees incurred by your financial institution)

Collection Charge

Accounts that are not paid within 90 days from the date of service may be sent to an external collection agency and reported to one or all national credit bureaus. In addition to your outstanding balance, a 33% surcharge may be added to cover our costs. In addition, you may be removed from the practice.

Refunds

Cases involving implantable items will be assessed on an individual basis. Patient refunds are processed on the third Thursday of every month. Any accounts that have outstanding claims will not be eligible for a refund.

Responsible party initial the following.

As record of disclosure:

- I. _____ Estimated fees for all services, including unpaid balances, deductibles, co-payments and non-covered services are due at the time of service. Returned check fees up to \$25 will be incurred for each returned check. Unpaid balances are subject to collection placement and collection fees.
- II. _____ We have made prior arrangements with many insurance carriers to accept an assignment of benefits. This means we will bill contracted insurance plans and will hold you responsible for the portion the carrier assigns as your responsibility (deductibles, coinsurance, co-pay, non-covered services). We accept dental, behavioral health, vision and medical plans. The type of service you receive will dictate which type of insurance we bill. All billable services are usually sent to the medical plans.
- III. _____ Advance Beneficiary Notice of Non-coverage (ABN), also known as a waiver of liability, is a notice you will receive and sign when you are planning to receive services or treatment that we believe Medicare will not cover. This will serve as a warning that Medicare may not pay for your treatment, but you are agreeing to pay for the services if Medicare rejects the coverage.
- IV. _____ Portions collected for dental procedures are estimates only. Once your insurance carrier has addressed the claim(s), you will receive a statement for any remaining balance deemed your responsibility. Payment will be due upon receipt of statement. If your insurance carrier pays you directly for services billed by OFH, it is your obligation to promptly forward the payment to us.
- V. _____ A credit card on file will be used to secure any outstanding balances owed to OFH after your insurance plan has paid their portion. This may also be used for deductibles, copayments and arrangements established between you and our finance department. This process allows OFH to resolve open balances in a timely manner.
- VI. _____ We will not become involved in disputes between you and your insurance carrier regarding deductibles, co-payments, non-covered charges, etc. We will, however, make certain advanced authorization requests to alleviate as many non-covered fees as possible. Your insurance policy, however, is a contract between you and your carrier. Contact your insurance representative and understand your coverage and benefits prior to undergoing any service/procedure.

At OFH, we understand financial problems may affect timely payment. We encourage you to communicate any such problems to our Business Office, so that we may assist you in keeping your account in good standing. We may provide you with additional resources such as payment arrangements, Care Credit, SFDS applications, or state Medi-Cal contact information. Adjustments will only be made based upon contractual obligations with insurance or with prior written approval. Should you have any questions, please contact our Business Office at 661-758-7740.

I UNDERSTAND THE ABOVE INFORMATION AND WILL BE RESPONSIBLE FOR THE PATIENT LISTED BELOW.

Printed Name of Patient: _____ ID: _____