

Modera Clinic Payment Policy

Thank you for choosing us as your Primary Care Provider. We are committed to providing you with quality and affordable health care. Please read this document thoroughly, ask us any questions you may have about it, and sign in the space provided or confirm receipt electronically. A copy will be provided to you upon request.

- **Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in-full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage, we do our best to confirm your benefits before your appointment. We collect payment, at time of service, based upon the benefits that we are able to confirm with your insurance company.
- **Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment or deductible at each visit.
- **Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be “non-covered” or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in-full at the time of visit. Examples of, but not limited to, are forms that are requested to be completed by the patient, no-show fees, sports physicals, etc...
- **Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of your claim.
- **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. If you believe you have received a bill in error, or your insurance has not processed your claim consistent with your insurance coverage, please contact your insurance company FIRST before contacting us and discussing the bill. Many times we may need to re-submit the claims and will do this for you if you provide us with the necessary information to do so. Please be patient with us as we work with you to ensure your insurance company is processing your claims correctly. We have seen many instances of patient's insurance claims that are processed incorrectly multiple times by the insurance company. Once this exceeds 3 months we ask that you pay the balance and file a complaint, either with your employer or the Texas Department of Insurance, as well as submit your receipt of payment to your insurance provider and your human resources department to receive reimbursement. We will assist you with any

documentation that you may require.

- **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 90 days, the balance will automatically be billed to you.
- **Invoices.** You will receive automatic invoices via your Patient Portal as well as invoices via Postal Service. We will NOT provide services, including but not limited to, office visits, phone messages, patient portal messages, and/or prescription refills until your balance has been paid in-full.
- **Outside Services Bills.** Please understand that your insurance company does not share with us the cost of medications and other services such as labs and imaging services. Cost varies by insurance and facility. Please do not contact us about bills that you receive from outside facilities, as this is outside of our control.
- **Non-payment.** If your account is over 90 days past-due, we will send your account to a contracted collections agency. Partial payments will not be accepted unless otherwise negotiated.
- **Missed appointments.** Our policy is to charge \$30.00 for missed appointments not canceled 2 hours in advance of appointment time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.
- **Chronic Care Management.** As a Primary Care Physician, we provide many services even when you are not in the clinic by coordinating your care with other providers. Your insurance allows us to bill for these services when we spend more than 20 minutes each month. As one of our patients, we require that you consent to us providing these services as needed. By not allowing us the ability to provide these services to you, it could negatively affect your health and possibly result in serious morbidity and mortality.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date