



## Our payment policy for DEDUCTIBLES is changing December 1<sup>st</sup> and for 2012

The practice will be requiring patients to arrange for payment of any costs that may be applied to their deductible at the time of service. Co-pays will still be due at the time of service.

As you know, rising healthcare expenses and out-of-pocket costs have resulted in a dramatic increase in delinquencies and write-offs across the healthcare industry. To stem the potential effects of this on our healthcare practice, this new payment policy will reduce the time it takes for payments to be received, cut down on paperwork, reduce bad debt and, in most cases, eliminate the need for invoicing. **More importantly, it will help**

**ensure our office can continue to provide our patients with quality, affordable care.**



Payments can be made by debit/credit card, cash or check, and will be based on a calculated estimate of the patient's portion of non-covered expense.

### Here's how it works:

- Our office will verify the remaining amount of deductible due for the year.
- Patient receives an estimate of charges that may be sent to their insurance at check-in, which the insurance may apply to their remaining deductible. If a patient has a co-pay for office visits, then that will be collected in full.
- Patient's debit or credit card is swiped at terminal and estimated amount is entered into the terminal. A preauthorized healthcare transaction order form is generated.
- Patient's signature on the order form preauthorizes our practice to charge their credit card for no more than the estimated amount.
- Healthcare claim is submitted to patient's insurance company by our office for adjudication.
- Patient's insurer processes the claim identifying the final amount due from the patient and issues an Explanation of Benefits (EOB).
- Patient's card will be charged once the Explanation of Benefits is issued by the insurance company.

***The benefit to our patients is that they pay nothing, other than their copay, until their financial responsibility is finalized by the insurance company once enrolled in our new payment plan.***

If you have any further questions, please contact billing prior to your appointment for more details at 480-831-8457, option 4.



# frequently asked QUESTIONS

**Q: If I have a co-pay, does this new policy apply to me?**

A: Yes, with our new policy we need to keep a credit card on file for future payments, similar to bill pay options you have with other companies.

**Q: When will my credit card be charged for the remaining balance?**

A: Once your insurance company processes your claim and you receive your explanation of benefits (EOB), and once the EOB is received in our office, then your card will be charged only for the portion they indicate is patient responsibility. Standard practice is that the patient receives the EOB prior to the doctor's office. If you have concerns regarding your EOB please contact your insurance company or our billing department (480) 831-8457 Opt 4.

**EXPLANATION OF BENEFITS**

Service Code	Coordination of benefits adjustment	Total paid by your plan	Amount you're responsible for
		48.00	15.00
		23.76	50.00
0		64.00	16.00
		0.00	50.00
		<b>\$135.76</b>	<b>\$131.00</b>

**Q: What if I do not have a debit or credit card?**

A: If you do not have a debit or credit card, our new policy will require \$100 by check or cash if it's for an office visit. If labs or procedures are scheduled, we will take a check for \$300 to apply towards your deductible.

**Q: Will the amount that I pay increase?**

A: No, not from Warner Family Practice, it will only increase or decrease based on your insurance's deductible or co-insurance with you.

**Q: What if I cannot afford to pay my deductible or co-insurance?**

A: If you cannot afford to pay for the portion your insurance has made you responsible for, have no insurance, or have a special situation, then you will need to call the billing department prior to being seen to set up a payment plan with a debit or credit card. A portion will be due at the time of service.

**Q: Why did your policy change?**

A: There were several reasons the policy has been changed. The main reason is so we are able to continue to give care to our patients. We understand many people are having hard times. Doctors' offices are no exception and many of our colleagues have sold to hospitals or have closed their doors. Last year we had 25% of our revenues in uncollected debt from patients' deductibles and co-insurance, which could equate to a 25% cut in salaries to our employees.

**Q: What if I do not want to leave my credit card on file?**

A: Your credit card stores only the last four digits on a secure website called First Data. Warner Family Practice does not have access to your full credit card. Our new policy will still require \$100 by check or cash if it's for an office visit. If labs or procedures are scheduled, we will take a check for \$300 to apply towards your deductible.

Primary Payment Method

\*\*\*\* \* 4814

**Q: Will this new policy increase patient wait time in the lobby?**

A: We understand your time is valuable and we are making every effort to not add any more time to your wait. To help aide in a speedy check in, we encourage you to call our billing department before your visit to set up your agreement or arrive 10-15 minutes early to your appointment.