

LEAWOOD FAMILY CARE, P.A. FINANCIAL POLICY

Leawood Family Care participates with a variety of insurance plans. We also provide services to patients who choose to see us as out of network providers. Please be aware, you will incur more out of pocket expenses if medical services provided are out of your insurance network. It is your responsibility to know the coverage and participation details of your specific health insurance company.

We will submit claims on your behalf to your primary insurance carrier and one secondary insurance carrier (if applicable). However, please remember your health insurance is an agreement between you and your insurer and it is your responsibility to know and understand the coverage, benefits, and requirements of your health insurance plan.

If you do not have your insurance information/card we will not be able to send a claim to your insurance company on your behalf. We may choose to provide care but you will need to pay for all services rendered. You may subsequently seek reimbursement from your insurance company or provide us your information later and we will submit a claim for you. Upon our subsequent receipt of payment from your insurance company, we will reimburse you for any redundant payment already paid by you.

Any charges due to Leawood Family Care because of unmet deductibles, co-insurance, non-covered services, and out of network services are your responsibility.

If you do not have health insurance, payment in full is expected at the completion of services. Some payment may be required before services are rendered. We accept cash, check, Visa, Mastercard, Discover, and American Express. There will be an additional \$40.00 charge for returned checks.

Requirements for Each Visit

- Bring your insurance card and photo ID.
- Allow us to keep a current photo of you on file.
- Pay your copay and non-covered services at the time of services rendered.
- Provide a current phone number and current physical address.
- Validate our office participation with your insurance company and obtain a referral to see us if required.

We may choose not to render services if the requirements above are not met.

Credit Card/Debit Card Authorization Policy

Our financial policy requires that a credit card or debit card be placed on file prior to being seen by our providers. This card will be charged only if your account has a past due balance. Co-pays are not included as they will be collected at the time services are rendered.

After each visit with us we will file a claim on your behalf to your health insurance company. After your insurance company processes your claim, Leewood Family Care will e-mail/mail a statement to the e-mail address/address on file providing you with any balance due that is your responsibility. If we do not receive payment by the due date on the statement, we will process the balance due to your card on file. If the card on file is invalid then your account may be turned over to a collection agency. If you have questions or concerns about your bill, you must contact us prior to the due date listed on your statement.

The security of your information is of the utmost importance. Your card information is stored by our credit merchant company, who specializes in this process. Our staff does not have access to your card information. No personal medical information is stored with this company. We will not need to swipe your card again as long as it is active.

Motor Vehicle Accidents

Regardless of where a motor vehicle accident occurs, your state of residence determines how claims are processed for services provided related to motor vehicle accidents. Missouri residents will have claims processed as usual through their health insurance company.

Kansas law stipulates that health insurance does not cover medical services related to motor vehicle accidents. Therefore our financial policy requires Kansas residents who are being seen for motor vehicle accident related issues to pay in full at the time services are rendered. You may subsequently seek reimbursement from the appropriate auto insurance company or guilty party involved in the accident.

Worker's Compensation

If you are being seen for a work related medical condition, your claim cannot be filed through your health insurance. Claims must be filed through worker's compensation insurance carried by your employer. We must receive all appropriate claim information from your place of employment prior to rendering services.

Treatment of Unaccompanied Minors

A minor (age less than eighteen years) may be seen and treated without a parent's consent only in very special circumstances. If a parent desires their minor child to be treated without the parent being present, written permission, signed and dated by the parent, must be sent with the unaccompanied minor. The minor is expected to provide required payment, insurance information, required referrals if necessary, picture ID and credit/debit card info if not on file.

Payment Plans

Payment plans for balances due to Leawood Family Care may be available under certain circumstances. These must be arranged with and approved by our billing department manager.

Appointment Cancellations/No Shows

Persons who do not show for a scheduled appointment will be billed a no show fee ranging from \$25.00 - \$75.00 depending on the type of appointment. If you need to cancel a scheduled appointment please do so as much in advance as possible. Appointments cancelled less than 24hour notice may be subject to a no show charge.

Your signature below indicates that you authorize Leawood Family Care to charge your credit card/debit card if appropriate as described in our credit/debit card authorization policy, and that you have read and agree to this financial policy in its entirety.

Print Patient Name

Patient Date of Birth

Patient or Legal Guardian Signature

Date

Billing Office- 913-319-0106

Billing Manager- 913-319-0117

Office Administrator-913-319-0111