

Patient Financial Policy, Consent for Treatment and to Use and Disclose Protected Health Information

Financial Policy

Thank you for choosing Invision Health as your health care provider. We are committed to building a successful professional relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to this relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities.

Co-pays and Deductibles: Patients must present a current insurance card at each visit. All co-payments and past due balances are due at time of check-in unless previous arrangements have been made with our billing coordinator. For any balances greater than thirty (30) days past due, that have not been placed on a payment planⁱ, Invision Health reserves the right to apply an interest charge of 3.25% monthly. We accept cash, debit cards, checks, or credit cards. However, no post-dated checks can be accepted. There will be a **\$20.00 service fee** if co-pay is not paid on the date of service. Full payment on any deductibles that may be due is expected on the date of service.

Insurance Claims: Health insurance is a contract between the subscriber and the health insurance company. In most cases, we are NOT a party of this contract. Invision Health will bill your primary insurance company as a courtesy to you, if the provider participates with the insurance company. In order to properly bill your insurance company, you will need to disclose all relevant insurance information, including primary and secondary insurance, as well as any changes in this information. Any such information given to Invision Health by the patient must be true to the best of their knowledge.

Patients authorize Invision Health to bill their health insurance company and receive payment for medical services furnished to them. Patients are financially responsible for any balance not covered by their insurance company, unless other arrangements have been made. Patient accounts referred for collection may be charged interest, collection fees and/or attorney fees in addition to the outstanding balance.

Patients responsible for knowing the terms and conditions of their insurance coverage and may be responsible for obtaining prior authorization for certain services in order for their insurance company to pay for those services. Patients may be personally responsible for payment if the care and/or treatment is not covered by insurance or any necessary prior authorization are not obtained or insurance benefits are denied, reduced or terminated. It is the patient's sole responsibility to determine if the physician(s) participate with their insurance.

Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits.

If our doctor(s) does not participate with your insurance company, or if we are out of network for your insurance company, you are responsible for payment in full at the time of service and may seek reimbursement directly from your insurance company. If your medical expenses will not be submitted to an insurance company, full payment is also due at the time of service.

Missed Appointments: Invision Health requires 24 hours cancellation notice prior to your scheduled appointment. Failure to provide adequate notice may result in a **cancellation fee** of up to **\$100** for a missed office visit with a physician, physician's assistant, nurse practitioner or for an infusion appointment, a **\$50** fee for a missed appointment in primary care, obstetrics and gynecology, functional medicine and rheumatology, and a **\$25 fee** for a missed office visit with a physical therapist, chiropractor or medical massage therapist.

Returned Checks: The charge for a returned check is **\$25 payable by cash or money order.** This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

Completion of Medical Forms: Invision Health will complete one form (i.e., disability, school physicals, etc.) free of charge. There will be a **\$20 per form fee** for the completion of all additional forms.

Copies: Invision Health will make copies of your medical records for the allowable statutory fee of a **\$.75 per page.**

Outstanding Balances: Any account with an outstanding balance of 30 or more days old is considered past dueⁱⁱ. If the patient (or responsible party to the patient) and Invision Health are not able to come to a resolution regarding payment on the past due balance, the account may be sent to a collection agency or attorney. Invision Health reserves the right to transfer any past due balances to a third party at any time. The patient may also be subject to discharge from the Invision Health practice.

Consent/Authorization for Treatment and to Use/Disclose Protected Health Information

I hereby agree that Invision Health may perform care and treatment, and may conduct such examinations, x-ray and other imaging studies, laboratory tests, surgery and/or procedures as may be directed by my physician or treating practitioner.

I hereby consent to the use and disclosure of my medical records and other personal identifiable health information ("Protected Health Information") by Invision Health for purposes of treatment, payment and health care operations. For example, my physician or treating practitioner at Invision Health may furnish Protected Health Information maintained by it to other health professionals in the course of my care and treatment or to my health insurance company. I understand that Invision Health may release Protected Health Information to any third party that may be responsible for payment of my medical expenses. Releases of my Protected Health Information will be made according to state and federal regulations.

I hereby authorize Invision Health to release any medical, psychiatric, infectious disease (including AIDS confidential information) or drug and/or alcohol related information to my referring physician and any insurance company with whom I have medical benefits for the purpose of filing a medical claim. I acknowledge that this authorization is valid until such time as all medical bills related to my treatment have been paid. I further understand that I can withdraw this consent for release of information at any time prior to this expiration date except to the extent that action has been taken in reliance hereon.

I acknowledge receipt of a copy of Invision Health's Notice of Privacy Practices.

Assignment of Benefits

I hereby authorize my health insurance company to pay benefits for the cost of Invision Health services directly to Invision Health.

Certification of Medicare Benefits (Applicable to Medicare beneficiaries only)

I hereby authorize Invision Health to bill Medicare and receive payment on my behalf for any authorized Medicare benefits for services furnished to me by Invision Health. I certify that the information given by me in applying for such payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical information or other information about me to release it to Medicare or its agents, as necessary, for payment of this, or any related Medicare claim. I further authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carrier any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits to either myself or to the party who accepts this assignment. Regulations pertaining to Medicare assignment of benefits apply.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE.

Patient Name (Please Print)

Date of Birth

Signature of Patient or Responsible Party

Date

ⁱ Payment plan options and information are available upon request.

ⁱⁱ A past due balance is defined as any patient responsible amount that has aged more than 30 calendar days since the date of service.