



Whole Life Health Care – Family Practice

FINANCIAL POLICY AND CONSENT FOR DISCLOSURE



Whole Life Health Care realizes that understanding and paying your medical bills can be overwhelming at times. We have tried to help you by outlining our policies below:

Insurance Claims

- We participate in most HMO and PPO plans as well as Medicare. We will bill your insurance as a courtesy to you. Please call your insurance company to confirm your coverage. Knowing your insurance benefits is your responsibility. If your policy requires you to select a primary care provider, you must select one of our providers prior to your appointment or you may have to be rescheduled.

Co-payments and Deductibles

- The patient is expected to present an insurance card at each visit. All co-payments and past due balances including deductibles and/or coinsurances are due at the time of check-in unless previous arrangements have been made with the billing department. We accept cash, checks, MasterCard and Visa.

Non-covered Services

- Please be aware that some services may not be covered under your insurance. Any charges denied by insurance as non-covered are the responsibility of the patient. If you are not sure whether a service is covered, you should contact your insurance carrier prior to the visit. Our office cannot misrepresent your non-covered service in order to obtain payment from your insurance company, as this is fraud and against the law. .

Patient/Guarantor Responsibilities

- In the case of patients who are legally competent adults, we consider the patient to be the guarantor. In the case of a minor patient or legally incompetent adult, we consider the guarantor to be the person who requested the care for the patient. The guarantor is ultimately legally responsible for the payment of medical services provided to the patient. Additionally, a minor patient cannot be seen without an adult present unless written consent of the parent or legal guardian is received. We may see patients aged 14 and older for family planning related visits without the consent of a parent or guardian.

Patients Without Health Insurance

- Payment is expected in full at the time of service. We offer a 15% discount (for office visits only on the day of service), providing there is no outstanding prior balance due.

Worker’s Compensation

- We are required by law to file claims related to any injury incurred while at work. In order for a claim to be considered work-related, you must report the incident to your employer. We require that you supply us with the Worker’s Comp claim number, phone number, contact person and the name and billing address of the Worker’s Comp carrier.

Auto Insurance and Third Party Liability Cases

- Because of the delays in payment in these cases, we will not bill any third party liability or auto insurances. If you have a health insurance plan that we contract with, we will bill that insurance. Otherwise, payment is required in full at the time of service. Any applicable co-payment is also required at the time of service.

I hereby authorize Whole Life Health Care to furnish information to my insurance carrier(s) concerning any illness and treatments and I hereby assign to Whole Life Health Care all insurance benefits for medical services rendered. I understand and agree that (regardless of my insurance status) I am ultimately responsible for any and all professional services rendered. I have read the information in this financial policy and I understand and agree to all of its terms.

I also authorize Whole Life Health Care and its physicians, health care practitioners and employees in collaboration with the Whole Life Health Care Concept Team to have access to my medical records for the purpose of medical treatment/services within the Whole Life Health Care facility.

Signature _____ Date _____

Printed Name _____ DOB _____

Parent/Guardian Signature of Minor Patient _____ Date _____

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