



**Billing Services Agreement – To be signed and kept on file for all SPC patients.**

**Insurance Billing:** If we are “in-network” for your insurance we will submit the claim directly to your primary insurance. After your insurance(s) completes payment to us you are responsible for payment of any allowable remaining patient balance. If we know at the time of your visit that there will likely be charges for tests or procedures that will not be paid by your insurance you will be asked to sign a release form (ABN) acknowledging your responsibility for payment of these services should your insurance not pay for them. We will ask for a copy of your insurance card as verification of your insurance.

**Secondary Insurance Billing:** We do not submit secondary insurance claims except for Medicare supplemental insurance, or if your secondary insurance is Medicare, Tricare or TNCare. You must present your secondary insurance card to us for this to happen.

**Co-pays:** These must be paid at the check-in desk before you see the Provider. Your co-pay is usually listed on your insurance card.

**Co-insurance:** Unless we can determine it in advance, we will balance bill you in the amount your insurance says you owe us.

**Deductible:** If you still have a remaining deductible over \$100 for office visits, or if we are unable to verify your remaining deductible you will be required to make a deposit as if you were a self-pay patient. After we get back your insurance claim response one of the following situations will apply:

1. If it turns out your patient responsibility is more than what we collected you will be billed for the balance.

2. If we collected more than you owed we will keep it here as a credit on your account or you can request a refund.

**Self-Pay Patients:** Self-pay services require a substantial deposit to be paid at the check-in desk, the amount to be determined by the complexity level of your medical problem and/or the tests/procedures we know you need before the visit. The deposit amount is not considered payment in full. Generally, the total charges generated by your visit exceed what your deposit was, and you will be billed for the balance. If the total charges end up being less than your deposit, your account will be credited or you can request a refund.

**Pre-authorization:** We also have a pre-authorization-payment-system for your convenience. This is very helpful if you want to avoid the hassles of receiving and paying balance-bill statements. It gives you the option (usually done at the time of your visit) to pre-authorize (up to a specific dollar limit you set) an amount to charge to your credit card or your checking account to cover your patient balance (after all insurance payments are received) resulting from your visit.

**Balances on your account at time of visit:** Your patient balance at the time of your next visit is expected to be paid in full before the visit. If we are still waiting for insurance payments from your last visit this requirement will be waived.

**Patient Billing Process –**

If you have insurance - after payment from your insurance, we will mail you a bill requesting your patient due amount. If you are self-pay we will mail you a bill a week after services were rendered. Your statement is also available for you to see/pay on our Patient Portal web site link. Everyone will receive a second notice 30 days after that first statement if you haven't paid the balance. Any patient balances over 60 days old will be put into collection status & receive a statement. Any patient balances over 90 days old will be put into our Collections Company. Once turned over to our Collections Company, you will be responsible for paying the amount you owe us as well as any agency fees, legal/attorney fees, and court costs.

**Patients in Collections:** “Collections” balances must be paid in full before you can be seen here again. Patients with unpaid balances in collections will only be scheduled for appointments if approved by our Billing Dept.

**Payment methods accepted:** We accept Visa, MasterCard, American Express, Discover Card, money orders, cash or personal checks with proper ID. These can be sent by mail, in-person, via the Patient Portal link on our web site.

**Insufficient funds:** If your check is returned due to insufficient funds you will be charged a \$20 fee by us in addition to whatever your bank charges you. You will receive a statement for amounts due in this case.

**Preventive Services:** You will usually be required to sign an ABN for these services because many insurances do not pay for this.

**Cancellations / ‘No-shows’:** If you do not show up for your appointment it wastes our resources and interrupts the normal patient flow. If you do not call us to cancel at least 24 hours in advance this is considered a “no-show” and you will be charged a \$20 fee.

**Insurance Coverage statement:**

I am a Self-Pay Patient       I have a co-pay PPO insurance plan       I have TennCare

I have a HDHP with office visit deductible       I have a plan that is part of the Affordable Care Act- aka “Obamacare”

I hereby assign SPC the right to receive payment from my health insurances and authorize SPC to release information to them for payment and audit purposes and provide access to my records to the necessary parties to accomplish this task and acknowledge understanding the above policies and procedures as a patient of Summit Primary Care (SPC). Further, I acknowledge the above billing rules will apply to me as a patient of SPC.

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
date