



128 East Milltown Road, Suite 105  
Wooster, Ohio 44691  
330-345-8060

## **Financial Policy**

Welcome and thank you for choosing Milltown Family Physicians, Inc. for your medical care. We are committed to providing you with the highest quality medical care possible in a cost effective manner. Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our geographical area. We are pleased to discuss with you any questions you may have concerning a bill.

At the time of service, any outstanding balances on your account are due if no payment arrangements have been made. As a courtesy to our patients, we accept cash, personal check, money order, and all major credit cards. We also provide our patients the ability to pay for their accounts over the phone: **(330) 345-8060** or on our patient portal.

In order to achieve our goal of providing you with the best care possible, we need your assistance and your understanding of our financial policy:

### **Payment in full is due at the time services are rendered:**

- Co-pays are due during the check-in process for each office visit. Failure to produce payment at check-in may result in your appointment being rescheduled. All non-covered services and/or deductibles are the insured/patient's financial responsibility and are due within 30 days of the time of service.
- If you receive more than one type of service on the same day, you may be responsible for more than one co-pay.
- There is a \$35 fee for returned checks to our office.

### **Self-Pay/Non-Insured Patients**

- We offer a reasonable discount for our non-insured patients when paid in full at the time services are rendered. We will give you an estimate of what will be due prior to the appointment. Payment for services is due at the time of service.

### **In Network” vs. “Out Of Network” Insurance**

- Your insurance coverage and benefits are a contract between you and your insurance company and therefore all disputes must be handled between you and your insurance company.
- We are contracted with multiple insurers to accept assignment of benefits.

### **Minor Patients:**

- Parent(s) or guardian(s) must have an Authorization for Medical Treatment form signed and kept on file for when the minor arrives unaccompanied or brought in by someone other than parent/guardian for an appointment. If there is a guardianship arrangement, we must have legal documentation of said arrangement.
- The parent(s) or guardian(s) accompanying a minor are responsible for providing current insurance information as well as providing payment for any co-pay due at the time of service.
- The guarantor/ insurance policy holder/ legal guardian is responsible for payment for services rendered to the minor patient.

- In compliance with HIPAA regulations, we are unable to discuss any details of services rendered or to produce an itemized bill for any parties that are not the legal guardian of the patient, unless otherwise documented.

**Lab/Hospital Charges:**

- Any service(s) provided by Wooster Community Hospital and affiliated labs is a contract between you and that lab or hospital. Any dispute with that lab or hospital should be handled with that lab or hospital and is not the responsibility of our practice.
- It is your responsibility to know which procedures your insurance will and will not cover at these facilities and to request an Explanation of Benefits (EOB) from your insurance carrier.

**Payment Plans:**

- Our office will be happy to work with you in order to pay any balance due to our practice.
- Please contact our billing department to work out a payment plan with our practice at **(330) 345-8060 Ext. 5**.

**Collections and Outstanding Balances:**

- Any outstanding balance after 90 days of the date of service may be referred to an outside collection agency. Patients with unpaid delinquent accounts or accounts that are sent to collections may be dismissed from our practice.
- Accounts that have been turned over to our collection agency are now the responsibility of the collection agency.

**Refunds:**

- Refunds are issued to the appropriate party.
- Patient refunds will not be processed until all active or past due charges are paid in full.
- Refunds will not be issued, unless requested, and will be credited to your account at our practice. Patients will be notified of this.

I understand and consent to Milltown Family Physicians, Inc. I will cooperate with the billing department of Milltown Family Physicians, Inc. to ensure payment for my services. I understand that I am responsible to notify Milltown Family Physicians, Inc. of any status changes (ex. Marital, living, insurance etc.) I understand that I will be responsible for any cost(s) associated with the collection of my account if I default on this agreement. I understand that the terms of this financial policy may be amended at any time without prior notification to me, the patient. In the event that the patient is a minor, I am the parent and/or legal guardian of said patient and agree that I am responsible for payment for all services rendered to the patient herein.

\_\_\_\_\_  
Printed name of patient/ parent/ guardian

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of patient/ parent/ guardian

\_\_\_\_\_  
Date