

Orchard Medical Center, S.C. (OMC)

Financial Policies

Orchard Medical Center, S.C. (OMC) is committed to providing the highest quality health care to you and your child(ren). As part of your relationship with OMC a clear understanding of our financial policies is important so you will know what actions OMC will be undertaking on your behalf as well as what your financial responsibilities are.

Your health insurance policy is a contract between you and the insurance company. You have certain responsibilities to ensure that proper, accurate and timely submission of charges occurs. You are required to:

- Present your insurance cards at the time of check-in for each visit.
- Present a picture ID (driver's license preferred) for verification of identity
- Inform us as soon as possible if your insurance carrier changes and provide us with a copy (front and back) of your new card.

Telephone Consultation Service

This service may be offered to our patient's and our families who have questions that require significant provider time, such as behavioral and developmental issues, follow up for chronic illnesses, or special services. Fees for telephone consultation will be billed to your insurance company according to the established guidelines. Each insurance company has their own policy related to reimbursement for these services, and it is your responsibility to understand your company's policy, and any fees you may be directly responsible for. Of course, if you prefer, you may continue to come in or bring your child(ren) into our office for an appointment. This charge does not apply to calls to our clinical administrative staff during regular business hours.

Responsibility for Payment

Even though you have health insurance, you as the guarantor are responsible for payment of all services provided by Orchard Medical Center, S.C. We will bill your insurance company for all services rendered, with the information you have provided us. If your insurance information has changed, please notify us immediately so we may bill the correct insurance carrier. If you fail to notify us of your new insurance and the carrier denies services due to a delay in filing the claim we may require full payment from you of the denied service(s).

Co-Payment

Your health insurance policy may state that you must pay a co-payment for physician visits. This payment is due at the time of check-in. If, for an unforeseeable reason, you do not have the co-payment amount with you at the time of service, please be aware that OMC will be charging you an administrative surcharge of \$25.00 for processing your co-payment after your visit. To avoid this surcharge, contact the office within one business day of the visit to make your co-pay payment. OMC has a contractual agreement with the health insurance carriers to collect all co-pays on the date the services are rendered. OMC accepts Visa, MasterCard, American Express, and Discover.

Remaining Balance After Your Insurance Company has Paid

OMC will submit a claim to your health insurance company for services provided. Once the insurance company has processed your claim, OMC will post any payment it receives to your account. If there is a remaining balance, the balance is now your responsibility. This balance may include your deductible, coinsurance and any and all non-covered charges. Payment for this balance is due within 30 days of receipt of our statement of outstanding charges. Any balance due after 59 days may be subject to a 1% rebilling statement fee. This fee will be assessed monthly until the balance on the account has been satisfied.

Divorced Parents

OMC will not get involved in custodial, separation or financial disputes involving or relating to divorced parents for a minor child. The parent who signs the financial policy and registration form for the minor child/children will be the responsible party for payments of services rendered; as stated co-payments are due at time of service.

Failure to Pay Outstanding Balance

Our office will make every effort to communicate with you about your account and will present reasonable options for payment. In the event a bill goes unpaid without contacting our office or CHMB at 844-209-0618 to discuss payment options, the account will be turned over to collections. If your account is sent to collection services a charge of 35% of the amount due will be added to the balance of your account.

Annual Routine Physicals and Preventive Care

According to the American Medical Association, annual routine care does not include any abnormality discovered & discussed during the routine visit or include any complaints, no matter how minor. In other words, if you present to our office with complaints or symptoms that needs to be addressed, we are required by law and ethics to include it on your claim. You may be responsible for co-pays, coinsurance and deductibles as symptoms are not included under routine maintenance coverage. In some cases you may require counseling for smoking cessation, nutrition, exercise or substance abuse. Counseling is also not a part of routine care and may result in an additional charge to you.

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Additional Fees

- Request for Medical Records – See Medical Records Release Form
- Checks returned to OMC for “non-sufficient funds”, a \$50.00 fee will be assessed and collected.
- Replacement of Standard IL Health Form (valid for most school and camp medical information requests) - \$25.00
- Medical Release of Information Forms where the standard IL Health Form cannot be used - \$25.00
- Medical Necessity Letters - \$15.00 per letter (employment, airline, life insurance, etc)
- Assisted Living Forms - \$15.00
- Handicap Forms - \$5.00 – if not submitted at the time of the appointment
- FMLA/Disability Forms - \$35.00
- After Hours/Saturday Office Visits - \$50.00
- No-Show Visit (scheduled and not cancelled 24 hours in advance) - \$50.00
- Phone Consultative Services will be billed to your insurance plan based on the duration and/or complexity of the call. Fees range between \$25.00-\$65.00
- Walk-In Fee - \$50.00 (no appointment previously scheduled)
- Administrative Surcharge for processing your co-payment after your visit - \$25.00
- A Collection Charge of 35% of the amount due will be added to the balance of your account if your account is sent to our collection agency, Keynote Collection Agency, 847-788-1530.
- Request for account histories to include payments and visit information by date of service - \$10.00.
- Payment for these additional fees must accompany your request. In addition, if there is an outstanding balance on your account, OMC will ask you to submit payment in full for the outstanding balance.

I certify that my child(ren), my spouse and myself are covered by the insurance provided on the Orchard Medical Center, S.C. Registration Form on file and I assign directly to Orchard Medical Center, S.C. all Insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by the insurance on file. I hereby authorize Orchard Medical Center, S.C. to release all information necessary to secure the payment of benefits.

I have read the above Orchard Medical Center, S.C. financial policy and I agree to the terms listed above.

Print Name _____ **Signature:** _____ **Date:** _____

Self/Parent or Legal Guardian

Spouse _____ **DOB:** _____ **Child** _____ **DOB:** _____

Child _____ **DOB:** _____ **Child** _____ **DOB:** _____

Child _____ **DOB:** _____ **Child** _____ **DOB:** _____