**Patient Financial Responsibility Policy**

*BJ Palmer Chiropractic’s goal is to provide the best service possible. Please call us before your appointment if you need to make special financial arrangements to pay your bill.*

1. **General**
2. The patient’s insurance policy is a contract between the patient and his or her insurance company. However, **all charges regardless of the insurance coverage are the patient’s responsibility** and the patient is ultimately responsible for any unpaid balances. As a courtesy to our patients, BJPC bills the patients’ insurance and makes every effort to ensure that claims are promptly and correctly processed. BJPC also bills patients’ secondary insurance when patients provide complete insurance information.
3. Patient co-pays are expected at the time of service, and any remaining payment is due within 30 days of receiving the first bill from BJPC. We accept cash, checks, money orders, debit cards and credit cards (Visa, Master Card, Discover and American Express).
4. If you can’t pay your balance within 30 days, please contact our Billing Office at (123) 456-7890. There are several ways you can pay your bill, including possible payment plans and a Billing Office representative will help find the right one for your financial needs. We will also work with you to determine if you are eligible for financial assistance.
5. **Past Due Balances**

A past due balance is any amount owed after the insurance company has paid its portion, but where BJPC has not received the full patient balance within ninety (90) days. After ninety (90) days as a private pay balance, interest may accrue at the rate of 1.0% per month (12% annual rate) on the unpaid balance at the discretion of the practice. Balances on accounts with payment plans where payments are in compliance with the plan are not considered past due balances. ***Patients who have a previous collection agency balance and wish to receive services are required to pay any new charges at the time of service.***

1. **Payment Plans**

Payment arrangements may be made on patient’s accounts based on a review of circumstances and approval by the BJPC Billing Office. We generally do not extend payment plans to patients who have failed to make timely payments in the past. BJPC’s Billing Office representatives may authorize monthly installment payments following the practice’s minimum payment guidelines below:

|  |  |
| --- | --- |
| **Account Balance** | **Minimum Monthly Payment** |
| $100 or less | $10.00  |
| $250 or less | $25.00  |
| $251 - $500 | $45.00  |
| $501 - $750 | $65.00  |
| $751 - $1000 | $85.00  |
| Over $1,000 | 10% |

1. **Waiver of Co-Pays and Deductibles**
2. It is the policy of this practice to bill all applicable out of pocket amounts and to make reasonable efforts to collect such amounts in accordance with our collection practices and procedures. BJPC will not waive co-pays, coinsurance or deductible amounts for insured patients, except in limited circumstances set forth in this Patient Financial Responsibility Policy. Such determinations may be made only after sufficient investigation has been made and it is expected that such waivers will be *rare*.
3. If BJPC does waive co-payments or deductibles for a patient based on the patient’s financial status, we will maintain a record of the information upon which we based this decision. Waivers of co-pays and deductibles may also be made after reasonable collection efforts have failed to result in the collection of fees. BJPC will maintain records of what collection efforts have been made for fees waived in these instances.
4. Under no circumstances will our practice engage in any of the following practices with respect to the waiver of lowering of co-insurance and/or deductibles:

Waive or lower co-insurance and deductibles that do not meet the requirements outlined in our Policy.

Advertise, or in any way communicate to the general public that payments from private insurance, Medicare or Medicaid will be accepted as payment in full for health care services provided by our practice, or advertise or otherwise communicate to our patients to the general public that patients will incur no out of pocket expenses.

Routinely use financial hardship forms which state that the patient is unable to pay co-insurance and deductible amounts.

Charge Medicare beneficiaries or private insurance beneficiary’s different amounts than those charged to other persons for similar services.

Fail to collect co-insurance and deductibles from a specific group of patients for reasons unrelated to indigence or managed care contracting (e.g., to obtain referrals or to induce patients to see care in my practice vs. another provider’s practice who does not waive co-pays and/or deductibles).

Accept “insurance only” or TWIP (take what insurance pays) as payment in full for services rendered.

Fail to make reasonable collection effort to collect a patient’s balance.

1. **Financial Hardship Determinations**
2. For indigent, uninsured or underinsured patients, BJ Palmer Chiropractic may reduce or eliminate the patient’s financial responsibility for medically necessary and appropriate treatment on a case by case basis where the patient qualifies under our financial hardship guidelines.
3. Financial hardship determinations are based upon a review of household income, assets and liabilities in relation to current Federal Poverty Income Guidelines. As part of the process, we generally evaluate income levels, net worth, employment status, other financial obligations, the amount and frequency of healthcare bills, and other circumstances. *Insured patients who choose not to have their claim filed with their insurance company are not eligible for our financial hardship assistance program.*
4. Upon verification of a patient’s financial hardship, the practice uses the below structure to determine the level of discount:



1. The determination of financial hardship is applicable to the current episode of care. To waive or reduce further payments, the patient must again prove financial hardship. The patient and the Billing Office representative shall sign a statement detailing that the practice has reviewed proof of financial hardship, and what bills are being reduced or waived.
2. **Applying for Financial Hardship Assistance**
3. The patient or responsible party must complete the attached Patient Financial Hardship Application, and sign the form at the bottom of Page 2.
4. Submit the completed worksheet and any supporting documentation (e.g., W-2s, Federal tax return, pay stubs, etc.) to our Billing Office for review.
5. We will review your package upon receipt and contact you if additional information is required. Applications will not be approved for financial hardship assistance when required forms are incomplete or necessary documentation is missing.
6. We will contact you regarding your application, generally within 5 business days after we receive your complete application and all required attachments. The representative will inform you of our decision regarding your request for financial assistance and, if applicable, the level of discount for your outstanding BJ Palmer Chiropractic bill.