

The Office of

Peter J. Cristiano, MD

And Associates

Leavenworth/Lansing Family Health Center

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LLFHC Financial Policy

Thank you for choosing our office. We are committed to being a partner in your medical care. Please understand that the payment of your bill is part of this treatment and care. For your convenience, we have developed a written statement of our billing policies below:

It is important for you to understand that your health insurance coverage is an agreement between you and your insurance company. We are not a party in that contract; **we file your primary insurance only as a courtesy to you.** The office bill for services rendered is an agreement between you and your doctor. We do however, participate with most but not all insurance companies. If you are unsure of our participation with your insurance company, please contact them to verify our participation. **Understanding your insurance benefits is your responsibility.**

All co-pays, deductibles and fees are due and payable at the time of service. **Please remember your co-pay is only an estimate of what your insurance company is expected to cover.** The account may have an additional balance after insurance reimbursement. Failure on our part to collect co-payments and deductibles from the patient can be considered fraud. **As a courtesy, the clinic offers a 34% discount to all patients with no insurance coverage who pay in full at the time of service.** This discount is available only on the actual date of service and any past due balance should be paid prior to receiving the discount for the current service. All billed services will be at the full fee.

If we do participate with your insurance company, all services performed in our office, at the hospital, or nursing homes will be submitted to them for payment unless we receive prior notification of non-covered services. Not all services you receive may be covered benefits in all insurance contracts and/or may not be considered reasonable and customary. You must pay for these services in full at the time of visit. Having more than one insurer does not necessarily mean that the services you receive will be covered 100%. We will bill your secondary insurance as a courtesy to you. **You are responsible for any balances that remain after all insurances have processed your claim.**

In worker's compensation cases, we will send appropriate claim forms for services rendered on your behalf. If and when a claim is denied and the patient has other insurance option or payment sources, Leavenworth/Lansing Family Health Center will cooperate whenever possible in assisting the patient in his/her efforts to be reimbursed from that source. If your claim is dropped or you lose your case, you are responsible for prompt payment of any outstanding balance.

All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance card in order to verify proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. We will submit your claim and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly and it is your responsibility to comply with their request. Please be aware that the balance of the claim is your responsibility whether or not the insurance company pays your claim. If your insurance changes, please notify us at the next visit so we can make appropriate changes to help you receive your maximum benefits. **If your insurance company does not pay your claim in 60 days the balance will become your responsibility and billed directly to you.**

Our office accepts Visa, Discover and MasterCard for your convenience, as well as cash and checks. Returned checks will be subject to a service charge. Should we need to bill you for services performed, our office will send you a monthly statement. Any outstanding balances are due within 30 days of the statement. As courtesy we will send you two billing statements. If after two billing cycles we have not received your payment, there will be a \$10 re-bill fee added to each statement sent thereafter. All balances that reach 90 days will be subject to collection procedures. Should your account be sent to a collection agency, you will be responsible for all collection and legal fees incurred during this process and your care through Leavenworth/Lansing Family Health Center may be terminated. We realize that temporary financial difficulties may affect timely payment of your account. If such problems do arise, we ask that you contact us promptly for assistance in the management of your account. **Our practice is committed to providing excellent medical care to you, our patient. Thank you.**

I have received Leavenworth/Lansing Family Health Center's Financial Policy.

Signature _____ Date _____

Printed Name _____