

Boise Family Medicine Center  
10798 W. Overland Road  
Boise, Idaho 83709  
(208) 377-3368

### FINANCIAL POLICY and OFFICE PROCEDURES

Thank you for choosing Boise Family Medicine Center. We are committed to giving the very best medical care. The following document us our financial policy and office procedures. Please sign and date this before you receive and medical treatment.

INSURANCE: As a service to our patients we will submit your charges to your primary medical insurance company. As a courtesy we will also bill your secondary insurance one time. Your insurance policy is a contract between your insurance company and you; however we are not a party to that contract. You are responsible for all fees regardless of your insurance coverage. Benefits quoted by your insurance company are not a guarantee of payment. Payment is due at the time of service.

We will extend credit to you for 45 days on approved insurance benefits. If after 45 days your insurance has not paid your account in full you are required to pay your balance. You will be charged 1.5% per month on all balances held for 45 days or more.

NO INSURANCE COVERAGE: Payment is due in full at the time of service if you have no insurance coverage. If you are unable to pay in full then you will need to make payment arrangements with our billing office prior to your appointment. If we hold a balance on your account for more than 45 days you will be charged interest at 1.5% per month.

THIRD PARTY LIABILITIES: We do not bill any third party claims. Payment is due at the time of service. We will supply you with a copy of your bill so that you may be reimbursed.

UNPAID ACCOUNTS AND INTEREST: All unpaid accounts are subject to collection procedures. We will hold the account for 90 days with interest at 1.5% per month. If in 90 days the account has a balance and you have not made arrangements for the balance to be paid, the account will be sent to a collection agency. Any costs incurred in the collection of these accounts are added to the accounts. (1.5% monthly or \$8.00)

PAYMENT OPTIONS: We accept Visa, MasterCard, Discover, Checks, Debit and Cash.

INSURANCE RELEASE OF INFORMATION: I authorize Boise Family Medicine Center to provide my private insurance company any and all information they need in getting my claims paid. This does not authorize any third party insurance to obtain medical information on my behalf, nor is this a release of information to any other medical providers outside of this practice.

MISSED APPOINTMENTS: A fee of thirty dollars will be charged to patients that fail to cancel their appointments. Please call our office or answering service and inform our staff that you will not be able to keep your scheduled time. We cannot continue to offer services to individuals who repeatedly miss appointments. This fee will be billed to you and not your insurance.

MEDICATION REFILLS: We ask that a 48 hour notice be given for all refills. When in need of a refill please contact your pharmacy with the prescription information and they will fax our office a refill request.

REASONS FOR TERMINATION OF PATIENT-DOCTOR RELATIONSHIP:

1. If you are not complying with your clinician's orders he/she may request to discontinue treatment.
2. If you are not meeting financial obligations.
3. If you are disruptive or inappropriate to the staff, care may be terminated.
4. Dishonesty and/or deceitfulness may require termination of treatment.

CONFIDENTIALITY: *Our services are confidential. We will not reveal information about our work with you to any outside person or agency without your written permission. The only time we will give such information is: if we are required to do so by law, situations which we believe are life threatening, suspected abuse or neglect of a child or vulnerable adult, or represent the commission or threat of a crime on these premises.*

*Please let us know if you have any questions or concerns.*

*I have read, understand and agree to comply with this policy.*

DATE: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF PATIENT

\_\_\_\_\_  
SIGNATURE OF PATIENT or RESPONSIBILY PARTY