

Dakota Child and Family Clinic

Financial Policy 2018

REGISTRATION

Dakota Child and Family Clinic must have complete and accurate information about you/your child in order to provide you with the most appropriate care, including processing your insurance claims. You must provide a driver's license, government ID card or other, official identification at every visit.

You will be asked to review your registration to ensure accuracy of all personal information. Please read and review this information carefully. Report any changes in address, insurance, e-mail and/or telephone number immediately.

If you or your child is covered by medical insurance: please present the insurance identification card at every visit and notify us immediately of any changes to your insurance.

You will be asked to sign an Assignment of Benefits form which allows us to bill your insurance company and receive payments directly from the insurance company. If you do not sign this form we hold the right to consider you to self-pay and may ask you to pay cash at the time of your visit.

YOUR FINANCIAL RESPONSIBILITY

We rely on you to promptly pay your bills. You are ultimately responsible for all fees related to you/your child's care. Any court ordered responsibility judgement is determined between the individuals involved, not the clinic. Unless we are provided with court documents, we hold the presenting parent financially responsible for paying for the services.

We send you an itemized statement each month. **PAYMENT IS DUE UPON RECEIPT** of the statement. We accept cash, check, credit card (VISA, MASTER CARD) or HSA debit cards. Outstanding balances will be referred for collection after 120 days. You may also be held financially responsible for any collection fees, up to 35% of the amount owed to Dakota Child and Family Clinic.

PAYMENT OF SERVICES OF LABORATORY CENTERS, IMAGING CENTERS OR SPECIALISTS OUTSIDE OF DAKOTA CHILD AND FAMILY

Dakota Child and Family Clinic have contracted with Labcorp for tests that cannot be completed by our laboratory. Bills for services you have received from laboratories, imaging centers or other specialty groups outside of Dakota Child and Family Clinic are not processed by Dakota Child and Family Clinic. If you have questions or concerns regarding bills for services provided by facilities other than Dakota Child and Family Clinic, please contact that facility.

COPAY/DEDUCTIBLE/CO-INSURANCE

All co-payments are due when you check-in for your visit. If you are unsure of your copay responsibilities, please contact your insurance company prior to your visit. We may request that you reschedule your appointment if you are unable to pay your copay at the time of check-in. You are responsible for paying your deductible and co-insurance as determined by your insurance policy.

PAYMENT PLAN

We know that payment for your healthcare may be difficult and we will consider reasonable payment plans, provided you contact the clinic and make arrangements for payment upon receipt of your bill. In general, the payment plan may extend for three months, during which you will be responsible for regular payments. Please call our Business Office if you would like to make arrangements for a payment plan.

No INSURANCE

We provide services to persons who do not have health insurance. PLEASE NOTIFY US PRIOR TO YOUR VISIT if you do not have health insurance to enable us to accurately estimate your costs. A sliding fees scale is available for those that are eligible. DETERMINING ELIGIBILITY FOR OUR SLIDING FEES SCALE CAN TAKE UP TO TWO WEEKS. REDUCED SERVICE FEES CANNOT BE APPLIED UNTIL AN ELIGIBILITY DETERMINATION IS MADE. For more information and/or to pick up an application please see our receptionist.

–Minimum payments for sliding fees are due at the time of service.–

If you do not have insurance or your insurance company does not cover your services, we require a payment of \$50.00 for an urgent/sick visit. Payment for these services is required at check-in. If additional services are deemed necessary by the provider, during your examination, the fees for these services will be discussed with you prior to completing the services. You are expected to pay the fees for additional services at the time of your visit. Any services provided by a reference laboratory, imaging facility or pharmacy will be billed to you according to that facility's policy and are not billed by Dakota Child and Family Clinic. It is your responsibility to contact outside providers (labs, imaging, etc.) for concerns you may have regarding their bills. We will make every effort to provide an estimate of outside service fees, if needed.

QUESTIONS

If you have any questions regarding treatment or service fees, please discuss them with us promptly and frankly. We will make every effort to clarify information and resolve the concerns you may have. The clinic's phone number is: 651-209-8640.

By signing below I am stating that I have read and understand this Dakota Child and Family Financial Policy:

Signature _____ Date: _____



DAKOTA CHILD AND FAMILY CLINIC

Healthcare for people, not for profit