

### Financial Responsibility

If you are 18 years of age or older, you will be held financially responsible for any charges incurred and statements will be mailed in your name to the address you provide. Minors under the age of 18 will be added to the account of the parent or guardian accepting financial responsibility (Guarantor) when setting up the minor account. Charges to the minor account will be billed to the Guarantor. We cannot change the Guarantor on a minor's account without the expressed permission of both the current and new Guarantors.

### Payment Plans and Financial Hardship

Short-term payment plans may be approved with no interest or late fees. Please contact our Business Office to make arrangements. Plans cover only a specific balance and will not cover an entire account indefinitely. Balances due at the time of service, such as co-pays, or otherwise incurred after the plan is initiated, will be due in addition to the regular monthly payment. Any breaches of the terms outlined in the approved agreement may result in the account balance being turned to our collection agency.

Catalyst Medical Group, MFM division offers a Sliding Fee Program (SFP) for patients experiencing financial hardship. If eligible, a patient may qualify for a discounted rate on future balances for a period of three months. Program eligibility does not cover past balances or all services. Please contact the Business Office for further details.

### Past Due Balances

As stated above, any balances not paid in full within 30 days are considered past due. Unpaid, or partially paid, balances may be turned to our outside collection agency unless you have signed a Payment Plan Agreement. Payment may be required before you are seen again. In addition, CMG, MFM division reserves the right to terminate the doctor-patient relationship if your account is sent to collections.

### Workman's Compensation Claims

If you are being seen for an injury that occurred during the course of your employment, please notify the front desk staff when scheduling and checking-in for your appointment that the visit is a work related injury. You will be required to complete a form advising us of the Workman's Compensation Carrier and details regarding your employer and the injury. Please be advised that our office is required by law to report all work related injuries.

CMG, MFM division will only accept State of Idaho workman's compensation claims. We do not accept any out of state workman's comp, including Washington L&I. Please bring the appropriate paperwork/carrier contact information with you and check with this carrier for any restrictions regarding who you may see for your injury/claim.

Any charges not paid by your employer or the Workman's Compensation carrier will be charged to your account and billed to you. See General Payment Expectations Section for details regarding billed balances.

### Contact Us:

Catalyst Medical Group  
Moscow Family Medicine division

623 S. Main St.  
Moscow, ID 83843

Main: **208-882-2011**

Business Office: **208-882-4611**

[www.MoscowFamilyMedicine.com](http://www.MoscowFamilyMedicine.com)

**This policy is subject to change at any time and without notice.**

Rev. 1/1/2017



### Financial Policy

Catalyst Medical Group (CMG), Moscow Family Medicine (MFM) division is committed to providing the highest level of quality medical care and personal service to our patients. It is the responsibility of the patient or guardian(s) to pay for all services received and to immediately advise CMG of any changes to your contact or insurance information.

As a recipient of Federal financial assistance, Catalyst Medical Group does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, sex, national origin, religion, sexual orientation, or on the basis of disability.

### General Payment Expectations

Our policy is to act in accordance with Federal guidelines and ethical standards in billing appropriately. Any charges not collected at the time of service and/or not paid by any insurance will be charged to your account and billed to you at the address you provide. Statements can be mailed to any domestic address but balances will remain the responsibility of the Guarantor. See Financial Responsibility section for additional details.

Unless other arrangements are agreed upon between us in writing, the balance on your statement is due and payable when the statement is issued and is past due if not paid in full within 30 days. See Payment Plans and Financial Hardship sections for additional details. CMG will not carry a balance pending the outcome of a legal case or disability determination, etc. Payment may be required before scheduling additional appointments. (We have the right to cancel your privilege to make charges against your account at any time). Future visits would then need to be paid at the time of service.

For your convenience, CMG accepts cash, check, VISA, MasterCard, and Discover as payment.

### **Self-Pay Patients**

Self-Pay includes patients without insurance, those who request that we not bill a service to insurance or patients who have otherwise had their credit privileges with MFM revoked. Payment and/or a deposit at the time of service for all Office Visits and some procedures is expected. CMG offers a Prompt Payment Discount on qualifying services for all Self-Pay patients paying in full at the time of their visit. If you are unable to pay at the time of service, you may be asked to reschedule your visit. Some charges, including some procedures, diagnostic testing will be charged to your account and billed to you. See General Payment Expectations for details regarding billed balances.

### **Insured Patients**

It is the patients responsibility to verify their benefits for their particular insurance plan and to ensure all proper authorizations/referrals have been obtained. Some insurance plans will reduce benefits of the insured if treated by a provider outside of the designated network or if the proper authorizations/referrals have not been obtained. It is the patient's responsibility to advise CMG in advance if your insurance company requires pre-authorization of procedures.

**CMG requires that you present your insurance card and co-pay at every visit, as required by your insurance company.** If you do not have your card or payment with you, you may be asked to reschedule your visit. If your insurance plan has an annual out-of-pocket deductible or co-insurance, you are expected to advise us of this and pay the appropriate amount at the time of service until the maximum out-of-pocket limit is met. We will require a standard 20% co-insurance at the time of service for most insured patients unless another amount is specified by a co-pay or deductible.

Our policy is to act in accordance with Federal guidelines and ethical standards in billing appropriately. The provider and coder assign codes according to the service(s) provided. MFM cannot alter the coding submitted to your insurance in order for your insurance carrier to make payment.

Once your claim is processed by your insurance, any additional co-insurance, deductibles or non-covered

services will be charged to your account and billed to you. See General Payment Expectations section for details regarding billed balances. Occasionally, insurance will pay the payment directly to you. In this case, please contact our office immediately or send the check to us so that your account will be current.

CMG, MFM division does NOT accept: Molina Insurance, Community Health Plan, any Medicaid plans outside of the State of Idaho, any foreign insurance or Workman's Compensation claims from Washington Department of L & I or states other than Idaho. If you are unsure of whether your insurance is contracted with our office, please call your insurance company and verify this information prior to your visit. Due to the often lengthy resolution of claims such as civil suits and home or business owner's claims, you are expected to pay as Self-Pay for these types of personal injury related visits.

### **Wellness Visits**

Wellness visits, or preventive yearly exams, are a routine evaluation of a person who is healthy without complaints and, therefore, do not include discussion or treatment of any health concerns. If, during the course of your visit, the physician addresses and documents a problem related issue you may receive an additional charge for an office visit. You may be asked to schedule a separate appointment for those issues not related to the wellness visit. Please contact your insurance for additional information on what your wellness benefits will cover. This also applies to any lab work associated with your visit.

### **Auto Accidents**

Please advise the front desk staff when scheduling and checking-in for your appointment that the visit is related to a Motor Vehicle Accident. You will be required to complete a form advising us of the automotive insurance you would like us to bill. As a courtesy, CMG, MFM division will attempt to bill the insurance you provide at the time of service. Any charges not paid by insurance will be charged to your account and billed to you. See General Payment Expectation section for details regarding billed balances.

### **Laboratory (Lab) and Other Ancillary Services**

At times, test specimens are collected by MFM's lab and sent to an outside lab or pathologist for processing. You will receive a separate bill for these services from the lab/pathologist and not from CMG. Radiology services are provided by Gritman Medical Center. You will receive a separate bill for these services from Gritman and not from MFM. Please contact these offices directly regarding billing questions and payment.

### **Obstetrical Patients**

Routine obstetrical care visits and delivery are not billed until after delivery. Some pregnancy related services, such as labs and non-stress tests, etc, will be billed as they are rendered and payment is expected according to our general payment expectations. Please make an appointment with our Financial Counselor to determine an estimated out-of-pocket expense based on the covered benefits of your insurance plan. We will work with you to set up a payment plan. You will be required to make monthly payments during your prenatal care for any amount not covered by your insurance company with the expectation of having the estimated portion due paid prior to delivery. Please refer to the Obstetrical Care Policy for more detailed information.

### **U of I Students**

All unpaid balances for services provided at the Student Health Services clinic will be transferred to your student account and will be due to the University of Idaho. If you are seen at any other CMG clinic, charges will be billed as otherwise described in this policy and NOT to your student account. See General Payment Expectations section for details regarding billed balances.

### **Administrative Fees**

There may be a fee for all missed appointments or visits cancelled the same day as your appointment. You will be charged for any returned checks and CMG reserves the right to accept only cash or debit card if your check(s) are returned.