



POLARIS FAMILY MEDICINE

FINANCIAL POLICY

You will be asked to provide your insurance card(s) at every visit. This is to ensure that the information we have is correct, that your plan is current, and one in which we participate. An out of date card with incorrect information or the wrong insurance card on file can cause unnecessary delays in the payment of your claim, upon which the balance may ultimately become your full financial responsibility.

Frequently, small changes (for example, a group number change or plan change) may not be considered significant by patients, but insurers will not process claims that are not 100% accurate.

All office co-pays are to be paid at the time of service. This is an insurance company policy. If the co-pay is not paid at the time of service, you may be assessed a \$5.00 late fee. We accept cash, checks or credit cards.

We will submit insurance claims for our patients. However, the agreement of the insurance carrier to pay for medical care is a contract between you and the carrier. You should direct any questions and/or complaints regarding coverage to your insurance carrier, your employer (if in a group plan), or to your agent.

Insurances vary in their coverage, and it is the patient's responsibility to understand his/her medical benefits, including any limitations and exclusions to coverage. The patient portion is set by the insurance company. Patients are responsible for any co-insurance, deductibles, and any other non-covered billable services.

We do bill third parties such as secondary insurance, Workman's Compensation, Life Insurance, Disability Insurance, Accident Insurance, attorneys, etc. as a courtesy to our patients; however, it is sometimes our practice to also bill your primary insurance due to timely filing contracts and the likelihood that your third party is not going to pay us in a timely manner. It is the responsibility of the patient to satisfy any outstanding balances here. We will provide statements as proof of payment for patients to pursue reimbursement from the third party payer. If you do not wish to have these third party claims submitted to your primary insurance, you may obtain services outside of our practice. You can also choose to self pay for the services at the time of the visit and await reimbursement from the third party.

Payments

Balances are due upon receipt of statement. Bills for deductibles, co-insurance, and non-covered services will be issued after the insurance carrier pays its portion of the bill. If the balance remains unpaid after 30 days, a late charge may be applied to the account. We accept cash, checks and credit cards. In addition to paying through the mail, credit or debit cards can be used online through InstaMed to pay your bill.

Annual Examinations

Many of the services provided in this office are covered and paid for by your insurance company.

Unfortunately, not all services are paid by insurance. In cases where the service has not been paid, you will be personally responsible for the bill. Before we bill you, we will make sure that all of the information provided to the insurance company is accurate and clearly describes the services you received.

Insurance Filing And The Law

Federal laws addressing all insurance companies require that we submit claims to insurance companies accurately, reporting the exact services performed and the exact reason for performing them. We are not allowed to change this information just so an insurance company will pay the claim.

Our practice is committed to these laws, and will submit claims to all insurance companies in this manner.

Non-Covered Services Are Your Responsibility

Insurance companies do not pay for all medical services, even though it might be helpful to the patient. Each plan is different. It is your responsibility to communicate your plan benefits to the provider at the time of the visit if your plan has specific requirements.

When a service is not covered by your insurance policy, you will be responsible for paying the bill.

If you are not sure if a service is covered by your plan, you will need to call your insurance company in advance to see if you are going to be responsible for payment.

Nurse Visits

Your insurance company likely considers nursing visits the same way they do an office visit with your provider, making you responsible for deductibles, co-pays, and co-insurance.

No Show and Late Cancellation Policy

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than 24 hours notice. With cancellations made less than 24 hours notice, we are unable to offer that slot to other patients who are waiting for appointments to be scheduled. Office appointments which are cancelled with less than 24-hours notification may be subject to a cancellation fee.

Patients who do not show up for their appointment without a call to cancel an office appointment PRIOR to the appointment will be considered a No Show visit. Patients who No Show three or more times in a 12-month period, may be dismissed from the practice.

Patients may be subject to a \$50.00 fee for no show and \$25.00 for late cancellation with less than 24 hours notice. The Cancellation and No Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment. We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived, but only with management approval.

Comprehensive Care Support Fee

In an era where healthcare increasingly feels rushed and impersonal, we remain committed to offering something different: unhurried appointments, comprehensive care planning, and the kind of therapeutic relationships that genuinely impact your health outcomes. This commitment to excellence requires resources that extend far beyond what traditional insurance reimbursements cover.

This fee reflects our dedication to quality over quantity. By limiting our patient panel and focusing on meaningful relationships, we can serve as your reliable guide through the complexities of modern healthcare.

We recognize that any additional cost requires careful consideration, especially in today's economic climate. We want to be completely transparent: this fee helps us remain an independent practice focused on your wellbeing rather than volume-driven care.

This fee is separate from insurance-covered services and allows us to continue providing the personalized attention you value. This fee supplements—but does not replace—your health insurance coverage, which remains important for specialty care, hospitalizations, and other services outside our primary care scope.

Your support fee enables us to offer these enhanced services with no additional charge to you throughout the year.

- **Extended appointment times** without feeling rushed
- **Same-day or next-day weekday availability** for urgent concerns
- **Direct communication** with your provider between visits
- **Comprehensive care coordination** across all your healthcare needs
- **Proactive health planning** tailored to your unique goals
- **Administrative advocacy** including letters, insurance appeals, referral coordination, and medication management

Your health and wellbeing continue to be our guiding principles. This fee allows us to preserve what you value most about our care: the time, attention, and expertise that leads to better health outcomes and a more satisfying healthcare experience.

Healthcare Agreement

When you come for your first visit, you will be asked to sign a form that states you are accepting financial responsibility for "any charges incurred from services rendered" during any visit which is not covered by your insurance company.

You may or may not be expected to pay at the time of service for non-covered services. If payment was not collected at the time of service, you will receive a bill for non-covered services after your insurance company and any applicable co-insurance company has denied payment. All invoices are due in full upon receipt.