



Clinic Policies

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Please read our payment policy below, ask us any questions you may have, and sign this policy signifying your agreement to comply with the policies as outlined. Please note that these policies are subject to change at the discretion of the clinic. A copy will be provided to you upon request.

1. Insurance. We participate in some insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. Copayments and deductibles. All copayments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect copayments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your copayment at each visit.

3. Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit. Please reach out to your insurance provider to address any coverage related questions or comments that you may have.

4. Proof of insurance. 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. 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.

5. Claim submission. We will submit your claims 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. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract. Please reach out to your insurance provider to address any coverage related questions or comments that you may have.

6. Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 30 days, the balance will automatically be billed to you.



7. Non-payment. If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated and approved by Avalon Family Care. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice. If this is to occur, you will be notified by regular or certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis. Prescription refills may not be available during this time.

8. Missed appointments. For missed appointments not canceled within 24 hours you will be charged \$30. These charges will be your responsibility and billed directly to you. If you are 10 or more minutes late for your appointment, it will be considered a missed appointment. Please help us to serve you better by keeping your regularly scheduled appointments.

If you have missed 2 or more appointments, you may be subject to discharge from the practice. If this is to occur, you will be notified by regular or certified mail that you have 30 days from the missed appointment date to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis. Prescription refills may not be available during this time.

9. Memberships. It will be your responsibility to pay for your monthly membership payments. You will not be required to maintain insurance information on file, but you will be required to maintain up to date credit card information on file. Let us know of any information change that will not allow for the processing of your monthly payment. Late payments or declined cards will be subject to a late fee of \$50. After one month of missed membership fees, the membership contract will be void. If this is to occur, you will be notified by regular or certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis. Prescription refills may not be available during this time.

10. Returned payment. Any payments that have been rejected due to the patient or patient's bank will have an additional administration charge added of \$30.

11. Paperwork. Any paperwork (i.e. FMLA forms, disability forms, etc.) that you would like the clinical team to complete outside of those documents required for the clinical visit is subject to a \$30 completion fee due upon pick up or submission of the paperwork.

Our practice is committed to providing the best treatment to our patients. Thank you for understanding our payment policy. Please let us know if you have any questions.