

Olive Branch Family Medical Center

CREDIT AND COLLECTION POLICY

This is an agreement between Olive Branch Family Medical Center, as the creditor and the patient/guarantor as debtor.

CREDITS: All credit balances are researched and refunded on a monthly basis, unless otherwise requested by the patient and/or guarantor. If, however, future visits have been established, Olive Branch Family Medical Center reserves the right to hold the credit and transfer it to an existing open account.

CO-PAYS: All co-pays are due upon check-in. A \$100.00 deposit will be collected at check in for all deductibles. Co-insurances and deductibles are to be paid in full upon check out.

INSURANCE: Any and all medical claims will be submitted to the appropriate insurance carrier, unless otherwise specified by the patient/guarantor. This is a contract between the subscriber/patient and the carrier. Verification of coverage will be established when the insurance company processes the claim.

PRIVATE PAY (NO INSURANCE): If the patient does not possess insurance coverage, there will be a \$100.00 deposit collected upon check in. The balance for services rendered is due upon check out. If payment in full is not feasible, the patient/guarantor should contact the billing department prior to services being rendered to make appropriate arrangements on the account. All non-insurance patients will be given a 20% discount if payment in full is made at the time of service.

PRIVATE PAY (WITH INSURANCE): Any and all private pay balances, that are due after the insurance carrier has processed and paid their portion, is due in full upon receipt of statement. If payment in full is not feasible, the patient/guarantor is responsible for contacting the billing department to make appropriate payment arrangements.

PROMPT PAYMENT LAW: Due to the Prompt Payment Law established by the State of MS, if a claim has been received and verified as "clean", the insurance carrier has 45 days to process and pay the medical claim. If the claim is not processed and paid in the allotted timeframe, Olive Branch Family Medical Center reserves the right, in accordance with the law, to transfer the responsibility for payment to the subscriber.

WORKER'S COMPENSATION: Any and all Workers Compensation services are the responsibility of the patient/guarantor. Olive Branch Family Medical Center will file the medical claims as a courtesy, unless otherwise specified. All required information must be presented to the clinic prior to the initial visit.

PERSONAL INJURY: Olive Branch Family Medical Center does not file third party insurance. All patients involved in a motor vehicle accident will be responsible for payment at time of service. We cannot file your medical insurance on motor vehicle accident claims if there is a third party insurance involved.

RESPONSIBILITY OF ACCOUNT: All services rendered are the responsibility of the guarantor listed on the account. The guarantor of a minor should be the parent/guardian that brings the child in for services a majority of the time. If a child is covered under a parent's insurance policy and is over the age of 18, the child is responsible for any and all outstanding balances.

PAYMENT PLAN OPTIONS: If payment in full is not feasible, an appropriate payment plan will be established with the billing department. Payment plans can be approved that require a monthly payment of the greater of \$50.00 or 33.33% of the account balance, unless other arrangements have been made.

PAYMENT OPTIONS: Payment on an account can be made in the following form:

- a. Cash b. Check c. Money Order d. Credit/Debit Card —VS, MC, DC, AMEX

FINANCE CHARGES: A finance charge of 18% (APR) will be imposed on any and all outstanding accounts. The finance charge will be applied to all balances over 90 days old even if payments are made toward the account.

STATEMENTS: Any and all accounts with a patient balance will receive a billing statement every 30 days indicating the amount due on the account. The billing department phone number will be shown on the statements should payment arrangements be necessary.

PAST DUE ACCOUNTS: An account will be considered past due if a payment has not been recorded within 45 days. The patient/guarantor will receive a written notice informing them of the outstanding balance along with the billing department's phone number so they may call to arrange a payment. All accounts are subject to further collection action if payments on the account are not being made on a regular basis. Payment no less than 33.33% of balance due on account will be expected before any further visits are permitted. Failure to pay account balance can lead to dismissal of the patient from the practice.

COLLECTION AGENCY: Once an account has been turned over to a collection agency, it becomes the sole responsibility of the collection agency. Any and all correspondence will need to be directed to the collection agency.

RETURNED CHECKS: Accounts will be charged a fee up to \$40.00 for any and all returned checks. These fees must be paid in full by Cash or Credit Card prior to any additional visits.