

FINANCIAL POLICY

Effective 01/17/2025

Thank you for choosing UKSM Wichita Medical Practice Association for your medical care. We appreciate that you have entrusted us with your healthcare, and we are committed to providing you with the best patient care possible. Because healthcare benefits and coverage options have become increasingly complex, we have developed this financial policy to help you better understand your rights and responsibilities as a patient.

Insurance Coverage

Insurance policies are an agreement between the patient and his or her insurance company. It is the responsibility of the patient/guardian to know his or her insurance benefits which includes copayments, deductibles, and coinsurance.

For the convenience of the patient, we will file your claims to the insurance policy, that patient/guardian have provided to us. It is the responsibility of the patient/guardian to make accurate and detailed insurance policy information available, within the timely filing limits of the plan, to enable processing of claims. If accurate insurance policy information is not provided, within the timely filing limits of the insurance plan, the patient/guardian may become financially responsible for charges. The patient will be considered self-pay if valid insurance policy information is not received.

The patient is responsible for notifying our office of any insurance policy updates.

Self-Pay

Self-Pay patients are patients without insurance policy coverage. If you do not have insurance coverage you are eligible for a 35% discount on professional services. To receive the 35% discount payment is due at the time services are rendered.

The Health Insurance Portability and Affordability Act (HIPAA) allows patients to elect to opt out of using their insurance benefits and paying for services up front. If patient/guardian chooses to opt out they have the right to request restriction of their health information from their insurance company, patient/guardian must request to fill out the Health Information Exchange Opt-Out Form. If patient/guardian choose the election to opt out of using insurance benefits for services they must complete the Patient Election to Self-Pay for Services form at every visit and pay for services up front, the 35% discount will apply.

Copay

A copay is a fixed dollar amount that your health insurance requires patient/guardian to pay upfront for a covered service. Copays are due at the time of service. If you are unable to pay your copay at the time of service, please phone the office to reschedule your appointment to a date that is convenient for you.

Deductibles and Coinsurance

A deductible is the amount you pay for coverage of services before your health insurance plan kicks in. After you meet your deductible, you pay a percentage of health care expenses known as coinsurance. The amount you pay for your deductible and coinsurance depends on your insurance plan.

Balances and Payments

We bill your insurance policy for medical services. Once your insurance policy has paid, if there is a balance due from your deductible or co-insurance you will receive a patient statement. If you are unable to pay your balance in

full, we offer payment plans and you may be eligible to complete a financial assistance form. Our office requires a payment arrangement be in place and monthly payments made if balance isn't paid in full. If your account becomes delinquent, it could be referred to an outside collection agency. Unpaid balances may result in dismissal from our practice. If you are unable to pay the full balance due on your statement, please contact our billing office at 316-293-3429 to make payment arrangements.

Patient Statements

Patient statements will be generated after UKSM Wichita Medical Practice Association has received payment from your insurance company. Methods of communication, including but not limited to, email and text messages, may be used to contact a patient regarding their balance. Patients are automatically opted-in for voice messages, text messages, and email reminders regarding their balance. To opt out, please provide verbal or written notice to a UKSM Wichita Medical Practice Association receptionist or the business office.

No Surprises Act/Good Faith Estimate

UKSM Wichita Medical Practice Association will produce a "Good Faith Estimate" if requested by the self-pay patient/guardian. Good Faith Estimates provide a quote for the cost of treatment prior to services being performed. Patient may authorize the provider to proceed or halt treatment based upon their current financial situation. Additional details of the No Surprises Act can be provided to the patient upon request.

Referrals and Authorizations

It is the responsibility of the patient/guardian to obtain a referral from his or her primary care physician prior to the scheduled visit. If a referral was not obtained, the patient/guardian accepts full financial responsibility for services rendered.

Address and Phone Numbers

It is the responsibility of the patient/guardian to notify our office anytime there is a change to your address, phone, insurance, or contact information. Failure to update our office of changes will delay the billing process for your account and may result in referral to outside collection agency.

I understand that I am responsible for all charges incurred during my treatment at UKSM Medical Practice Association Clinics regardless of insurance coverage. I agree to keep my account current and make any financial arrangements needed.

I understand the UKSM Wichita Medical Practice Association Financial Policy and will adhere to the policy.

Signature of Patient or Responsible Party

Date

Printed Name of Patient or Responsible Party

Relationship to Patient