

USUAL AND CUSTOMARY RATES:

We believe our fees to be fair and reasonable. You are responsible for payment regardless of an insurance company's arbitrary determination of usual and customary. Your insurance policy is a contract between you and your insurance company. Any disagreement you have concerning the amount your insurance pays should be directed to your insurance company, as we have no authority to act on your behalf. We reserve the right to bill for services not covered by insurance (telephone calls, weekend services and form completion).

INSUFFICIENT FUNDS:

If a check is returned due to insufficient funds, you will be required to pay \$25.

MISSED APPOINTMENTS:

In the event that you miss an appointment, please notify your physician's office 24 hours in advance of the appointment, or you may be charged for the visit. Patients that miss frequent appointments and do not follow their physician's requested plan of care may be discharged from the clinic.

PAYMENT OF OUTSTANDING BALANCE:

You will be expected to pay any outstanding balance at the time of service. If you have not made active payments on an account that has aged for two months, **your appointment will be cancelled (as WHF is not an emergency facility) until an initial 'good faith' payment of ½ the balance due, plus the co-pay due at time of service is made. If your account is in collection, ½ the balance is due before anymore visits will be allowed.** We do understand the challenges of multiple medical bills. **If full payment is not made, Payment plans of your current balance divided by 6 months can be offered. Plans will change if your balance gets higher.** Please contact our Billing Office representatives at (414) 755-8319 .

Thank You

for choosing our office for your healthcare needs.

We hope this information assists you in understanding our financial policy and billing methods. We encourage our patients to be active healthcare consumers, understanding and participating in both the medical and financial side of your healthcare experience.

When you adhere to our billing policy, the cost of our billing decreases and it helps us keep our fees reasonable. Understanding our financial policy is an essential element of your care and treatment.

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www.whfund.org



FINANCIAL

POLICY

Guidelines

To learn more, visit us at www.whfund.org

Thank you for being an active healthcare consumer. This guide is designed to introduce you to our financial relationship as healthcare provider and patient. If you have any questions after reviewing this document, please feel free to call your physician's office or visit us online at www.whfund.org.

PATIENT RESPONSIBILITY

We encourage patients to play an active role in their healthcare: both medical and financial. It is important for you to understand your insurance policy. We are happy to assist you with questions regarding your insurance, but you are ultimately responsible for payment. Please contact your insurance company if you have questions prior to receiving services to make an informed decision about your healthcare.

REGISTRATION /INSURANCE CHANGES:

It is important that you bring your current insurance card to every appointment. Insurance providers, policies and member identification numbers tend to change frequently; it is your responsibility to communicate any changes in coverage so we may appropriately bill your insurance carrier. Please also advise us of any personal address, telephone and other demographic changes to ensure accurate status of your account.

CO~PAYMENTS (CO~PAYS):

All co-payments (co-pays) are due prior to your scheduled appointment. We accept cash, check, MasterCard and Visa. If you come for your appointment without your co-pay, your appointment will be rescheduled to a time that better meets your financial needs. Patients, who are covered by another commercial insurance, as a primary and WHF insurance as a secondary, will be required to pay the lower of the two plans co-pay amounts at registration. If primary insurance co-pay amount is zero, the WHF co-pay amount is due. This includes dual WHF insurance coverage. If you have dual private insurance coverage, the lower of the two co-pays will be collected. A refund will be issued if the secondary insurance reimburses the co-payment amount collected.

ADDITIONAL FEES AND SELF-PAY SERVICES:

Fees for medical and physical therapy supplies will be due upon receipt of the prescribed items. Chiropractic services may require self-payment depending on your insurance benefits. Massage Therapy provided in the Chiropractic department is a self-pay service. Payment for non-covered Chiropractic and Massage Therapy services are due at registration. Fees for services that are not covered under your insurance benefit plan will be collected at the time of service. This may include injections and immunizations.

REFERRALS & PRIOR AUTHORIZATIONS:

If referred to an outside specialist, you are responsible to confirm insurance coverage and obtain the necessary referral as required of your insurance policy. Your benefits may be significantly reduced if you receive services from an out-of network provider so please contact your insurance company if you have questions prior to receiving services. This will allow you to make an informed decision about your healthcare.

PATIENTS WITHOUT INSURANCE:

We are committed to making healthcare more affordable for our patients without insurance. We required a down payment of \$100 at the time of service, for each separate specialty seen.

COMMERCIAL INSURANCE:

We will file to all commercial insurance plans. However, the claim amount due is the patient's responsibility and we will require payment from you for all unpaid amounts. **For patients with high deductible plans, we may charge \$100 upfront to cover medical care applied to your deductible.**

MEDICARE:

You are responsible for all deductibles, co-payments and non-covered services. Medicare does not pay for certain services (e.g. preventative services and certain injections). In this case, you will be responsible for those services. You may be asked to sign an Advance Beneficiary Notice (ABN) when Medicare will not pay for services. If you have secondary insurance, please provide the billing information (secondary insurance card) and we will be happy to bill your secondary plan.

THIRD PARTY LIABILITY:

If you are being treated for a personal injury (e.g. car accident) and a third party is responsible, we will bill the third party but we do not accept attorney liens or letters of protection. Full payment is expected at the time of service unless you have verified health insurance. We cannot accept the responsibility of negotiating a settlement on a disputed claim.

WORK~RELATED INJURY (WORKER'S COMPENSATION):

If you are injured at work, please inform our customer service staff when scheduling the appointment as well as the front desk staff when you check in. You will need to bring a copy of your first report of injury and provide all relevant workers compensation information from your employer. In the event that your employer does not pay the claim, you will be responsible for the charges.

COLLECTIONS:

Representatives in our Billing Office are available to help with payment arrangements to better meet your financial needs. Accounts are to be paid upon receipt of the first statement. Failure to respond to repeated communications from our office may result in discharge from the practice and/or involvement of an outside collection agency. We reserve the right to refuse credit or service to anyone who neglects their financial responsibility and allows their account to become delinquent. If you have an inquiry regarding your account, please contact our Billing Office at (414) 755-8319. We can help set up a payment plan that meets your financial needs.

ESTABLISHING CREDIT:

We will extend credit to you when we have verified your insurance coverage. When your insurance coverage cannot be verified or if your account has ever been placed with an outside collection agency, you will be asked to pay a portion of your visit to establish credit with us.

