

# Total Sports and Family Care

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## Financial and Office Policies

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment and office policy. Please read it and ask us any questions you may have. Please keep your copy in a handy place for future reference.

**1. Insurance.** If you are not insured by a plan we do business with, payment in full is expected at each visit. Knowing your insurance contract is your responsibility. You are responsible for knowing which laboratories, hospitals and providers participate with your insurance. Please contact your insurance company with questions regarding your coverage.

**2. Co-payments.** All co-payments must be paid at the time of service; we do not bill for co-payments. This arrangement is part of your contract with your insurance company. For minors, co-payments are due at the time of visit payable by the person bringing the child to the office at that time; regardless of custodial arrangements. A receipt of your co-payment will be provided. A fee of \$15 will be added to the account if the co-payment is not received on the day of service. Returned check fee is \$25.00.

**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.

**4. Proof of insurance—Identity Protection.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of a valid government issued picture ID 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. It is your responsibility to inform us of any address changes immediately. Please be prepared to show your insurance card at every visit. We may ask to see a valid government issued picture ID at any visit. Without the requested ID, you may not be seen.

**5. Claims 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.

**6. Nonpayment.** If your account is over 90 days past due, please be aware that we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and 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. Our returned check fee is \$25.00 and we do not redeposit returned checks.

**7. Missed appointments.** Our policy is to charge your co-payment amount for missed appointments not canceled within 24 hours of the appointment time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

**8. Prescriptions.** Prescriptions will be provided at office visits. If you need prescriptions between visits or for mail order pharmacies, there will be a \$5.00 charge per medication. We do not mail prescriptions as this presents a liability to both the patient and our practice. All sleeping medication and controlled substance prescriptions will be written and must be picked up in our office. Please allow three (3) business days for prescription refills. Prescriptions may be picked up by the patient, guardian or specified person listed by the patient on the Disclosure Release form.

**9. Forms.** There will be a \$20.00 charge for the completion of health forms. This fee also applies to requests for letters of documentation by our physicians to your work, school or other outside entity. There is a \$1.00 fee for mailing.

**10. Records.** Copies of medical records are available to you with a signed medical release form. There is a \$5.00 filing fee and a charge of \$1.00 per page for the first 25 pages and \$0.50 per page thereafter. Current mailing fees also apply. If we have referred you to a physician, that physician may receive records without charge. We require three to five (3-5) business days to complete record releases. Alabama Immunization “Blue Cards” require two (2) business days’ notice for completion.

**13. Worker’s Comp and Motor Vehicle Injuries.** We do not see Worker’s Comp or injuries sustained in motor vehicle accidents. We will be happy to supply you with information for practices who take worker’s comp and motor vehicle accident injuries.

**14. Walk-ins.** We do see “work-ins” but discourage “walk-ins”. Essentially this means we will be glad to see you, but please call first. This allows us to be better prepared to serve you and to keep our schedules on time.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our office policy. Please let us know if you have any questions or concerns.