Patient Name: _____

Patient DOB: _____

Account #: _____

Patient Financial Policy

Thank you for choosing Lakeview Clinic. We aim to provide quality care and appreciate your understanding of our Patient Financial Policy. Payment for services is required, and it's your responsibility to inform us of any changes to patient information (name, address, phone number, insurance). Please provide valid insurance & photo ID at check-in. Contact us with questions about fees, policies, or responsibilities.

Insurance Coverage: Lakeview Clinic participates with most insurance plans, including Medicare. If we do not accept your insurance, payment in full is expected at each visit.

Verification of Coverage: You must provide a valid insurance card and photo ID at check-in. If your coverage cannot be verified, full payment is due at the time of service.

Patient Responsibility: It is your responsibility to understand your insurance benefits, including deductibles, co-pays, and coinsurance. Contact your insurance provider if you have any questions regarding coverage.

Co-Payments & Deductibles: Co-payments are due at the time of service. If your deductible has not been met, we will collect the applicable amount. If not collected at the time of service, you will be billed and payment is expected upon receipt.

Self-Pay Accounts:
Patients without insurance or whose insurance does not participate with Lakeview Clinic will be classified as self-pay. A deposit is due at the time of service, and any remaining balance will be billed to you.

Good Faith Estimates (GFE):

- **No Surprises Act Compliance:** If you are uninsured or wish to pay on your own, you will get a Good Faith Estimate (GFE) at least three business days before any non-emergency services. This estimate details the anticipated costs to help you budget for your care.
- **Who Gets a GFE:** GFEs are given to uninsured patients, those paying out of pocket, and anyone receiving out-of-network care.
- **Timing of GFE Receipt:** You'll receive your GFE prior to non-emergency services or whenever you request it. For more information, contact our billing office at 952-442-5746.

Non-Covered Services:
Some services might not be included by your insurance or may be considered medically unnecessary. You will need to pay for these services in full once you get your bill.

Claims Submission:
Lakeview Clinic will submit claims on your behalf, but your insurance may require additional information directly from you. If your insurance does not pay the claim, the outstanding balance becomes your responsibility.

Additional Charges: Patients may incur and are responsible for the payment of additional charges at the discretion of Lakeview Clinic, including but not limited to (i) charges for returned checks, (ii) charges for a missed appointment without 24 hours advance notice; (iii) charges for extensive phone consultations and after-hours phone calls requiring treatment, or prescriptions; (iv) charges for copying and distribution of patient medical records; (v) charges for extensive forms preparation or completion; or (vi) any costs associated additional charges. collection of patient balances, all as allowed by law.

Patient No -Show & Late Cancellation Policy: We kindly ask that you give us at least 24 hours' notice if you need to cancel or reschedule your appointment, as this allows us to offer care to other patients who need it. Missed appointments without notice may result in a $35 no show fee. Continued no shows will lead to a written warning and if the pattern continues, potential discharge from Lakeview. Thank you for helping us provide timely care for all patients.

Insurance or Charge Dispute Process:

- Review your insurance carrier's explanation of benefits (EOB) for details on services billed, coverage, and your responsibility.
- If you spot an error after checking your EOB, contact your insurance company.
- Still unresolved? Call our billing department at 952-442-5746.

Dispute Resolution: You will be asked to fill out a "dispute" form and return it to the Business Office. Please provide the details of the dispute, including the service date, the charge in question, and any relevant documentation. We will respond to disputes within 30 business days. If additional information is needed, our billing department will follow up.

Patient Financial Responsibility During Dispute: While your dispute is under review, please continue to make any applicable payments on undisputed charges to prevent your account from becoming past due. Any balance adjustments or refunds will be processed promptly once the dispute is resolved. Lakeview Clinic will withhold any billing or collection efforts for treatment or services under review while the review is being conducted. We may bill you for the treatment and services that were reviewed after the review is complete; any billing errors are corrected, and a notice of completed review has been provided to you.

Patient Balances:

Statements and Payment Requirements: You will receive a statement for any outstanding balance after insurance has paid or denied the claim. Payment is due within 30 days of receiving the statement.

Non-Payment: Patient balances that remain unpaid for 60 days will begin to accrue interest at a rate of 0.5% monthly. Accounts without resolution after 90 days will be subject to collections procedures.

Financial Hardship: If you are experiencing financial hardship, contact our office to discuss possible solutions, such as extended payment plans or financial assistance.

Payment Options: To make payments convenient we accept Visa, Master Card, American Express, Discover, money orders, cash, checks, HSA, and Care Credit. The charge for a returned check is $35 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash-only basis following any returned check.

Payment Plans: Flexible Payment Options: We offer payment plans for patients who cannot pay their balance in full. Contact our billing office to set up a payment plan. If you default on your plan, the account may be sent to collections.

Collections Policy: Accounts with unpaid balances after 90 days will be reviewed for collection efforts. You will receive a final notice before the account is sent to collections, along with an option to settle or dispute charges.

Ending Collection Activities: We review accounts periodically to confirm the status of any debts to identify uncollectible and satisfied debts. We will end collection activities once a debt is identified as satisfied or uncollectable, in accordance with our arrangement with the applicable collection agency or law firm. Our Business Office will provide updates on your account's status upon request.

Refund Policy: Overpayments will be refunded after verification by our Business Office. If you have a credit card on one account, it may be applied to any outstanding balance in your family account before a refund is issued.

Actions Related to Non-Payment: As a condition of providing medically necessary health treatment or services when you or any member of your family or household has current or previous outstanding medical debt to us, we may require you to enroll in a payment plan for the outstanding medical debt. The payment plan will consider any information you disclose to us regarding your ability to pay. If you are unable to make all or part of the agreed-upon installment payments under any such payment plan, you must communicate your situation with us and you must pay an amount you can afford. If you fail to follow these requirements, we may take all enforcement actions legally available to us, which may in some cases include dismissal from Lakeview Clinic.

Minors: The parent(s) or guardian(s) are responsible for full payment and will receive billing statements. A signed release to treat may be required for unaccompanied minors. Parents or legal guardians are responsible for payment of services.

We aim to provide high-quality care, and our fees reflect standard rates in the area. Thank you for following our Financial Policy. Please contact us with any questions.

Printed Name: _____ Date: _____

Signature: _____ Relationship to Patient: _____