Caballero Family Healthcare Group PLLC
1920 Kirby Parkway Ste. 202 Germantown TN 38138
TEL # (901) 751-9997 FAX # (901) 751-1344

PATIENT FINANCIAL POLICY

Updated as of January 01,2020

Insured Patients

As your medical care provider, our relationship is with you, not your insurance company. As a courtesy, we will file your insurance claim for you. However, if your insurance company does not respond or pay the claim within sixty (60) days, you will be expected to follow-up with your insurance company. You are responsible for any amount your insurance does not pay.

All co-payments, deductibles, coinsurance, and any outstanding balance from previous visits are due in full at the time of service. You will be billed for any additional amounts due after your insurance company pays its portion of the charges. If your insurance company requires a pre-certification/pre-authorization prior to services, it is your responsibility to ensure that the insurance company's requirements are met prior to services being performed. If your insurance company denies charges due to a failure to meet pre-certification/pre-authorization requirements, you will be responsible for the denied charges. If you inform us of the pre-certification/pre-authorization requirements prior to receiving services, we will gladly assist you in obtaining pre-certification/pre-authorization.

You must inform us of any changes regarding your insurance and provide us with your new insurance card. You must also inform us of any address change, name change, or other change which may affect your insurance billing.

Worker's Compensation

If you have a worker's compensation claim, we must receive written authorization from your employer before services can be rendered. You will also need to sign an Authorization to Release Information to allow the release of information about your care to your employer or worker's compensation carrier. We cannot bill your health insurance unless we have received a written denial of the claim from the worker's compensation carrier for your employer.

Uninsured or Self-Pay Patients

A minimum deposit of $200 or the actual charges, whichever is less, is due at the time of service for all self-pay patients. If the actual charges exceed $200 and you cannot pay in full at the time of service, you will need to speak with the billing office to set up a three-month payment plan.

If you have insurance, but are choosing to exercise your HIPAA right to pay out of pocket, you must complete the HIPAA Restriction Request Form and pay all charges in full at the time of service.

Methods of Payment

For your convenience, we accept: 1) Cash 2) Check 3) MasterCard, Visa, Discover, and American Express credit cards. A fee of $30.00 will be charged for all returned checks.

Collections

If you do not make payments to your account and you do not contact our office to make financial arrangements, your account may be assigned to a collection agency after sixty (60) days of no payment on the account. If the account is placed with a collection agency and you do not make any payments within thirty (30) days, your account may be reported to the credit bureaus. In the event that your account is placed with a collection agency, a collection

fee of up to 33% may be added to your account and shall become a part of the total amount due.

If your account is placed with an outside collection agency, your balance will need to be paid in full with the collection agency before you may receive services from our clinic. Additionally, any costs we incur for collections, including attorney's fees and court costs, will be added to your account and you will be responsible for paying those costs as well. We reserve the right to dismiss you as a patient from our clinic due to unpaid bills.

Cost of Form Completion

Due to the time and complexity of completing various forms, such as Family Medical Leave Act (FMLA) and letters for disability applications, you may need to pay a fee (not to exceed $50.00) for the completion of such paperwork. You will be informed of the cost and the amount must be paid prior to the completion of the paperwork.

Services from Other Providers

You may receive services related to your visit with this clinic that are provided by healthcare providers not employed by Caballero Family Healthcare Group, PLLC. Such services might include ultrasound or pathology services. If you receive these types of services, we will share your insurance information with the providers of those services so that they may bill your insurance. However, you may receive a bill from those providers for the portion of the bill for which you are responsible. If your insurance company requires you to use only certain laboratories, please inform us of this requirement. Otherwise, you may be responsible for the entire cost of the laboratory testing if your insurance will not pay.

Services for Minors

For all services rendered to a minor patient (under age 18), the adult accompanying the minor patient is responsible for payment of the charges, unless other arrangements have been made in advance with the billing office.

Assignment of Benefits and Responsibility to Pay

I hereby assign all medical benefits to which I am entitled and authorize and direct my insurance to issue payment directly to Caballero Family Healthcare Group, PLLC for medical services to myself and/or my dependents. I have read and understood this financial policy and I agree to be bound by its terms. Any questions I had were answered to my satisfaction.

Missed Appointments

If you fail to show for an appointment or fail to give twenty-four (24) hours' notice of your cancellation of an appointment, a charge of $25.00 will be added to your bill.

_____ _____

Print Name of Patient Signature of Patient (or responsible party)

_____ _____

Print Name of Responsible Party Relationship to Patient

_____

Date