



Financial Policy

Thank you for choosing Hudson's Bay Medical Group as your healthcare provider. We are committed to providing each of our patients with quality healthcare in a way that is financially responsible for both our patients and our practice. Your clear understanding of our Financial Policy is important to our professional relationship.

Insurance billing:

- Be responsible for understanding details of your insurance coverage - including preventative care benefits, requirements for pre-authorization for procedures, annual deductibles, and copays/coinsurance.
- Provide us with a current copy of your card and notify us of any changes in insurance coverage. If we do not have current insurance billing information, the visit will be processed as "no insurance" (see below).
- Pay your copay at the time of service. Be responsible for any charges not paid by your insurance company within 45 days of our billing statement.

No insurance or for visits/services not covered by your carrier, we expect you to:

- Pay a payment of \$125 for new patients or physicals, \$75 for established patients or else pay in full at the time of service (unless prior arrangements have been made to accommodate a payment plan). When you pay in full at the time of service, we can offer you a "prompt pay" discount of 25%. Please refer to the 'Self Pay Agreement Form' for payment options.

Labor & Industries, Worker's Compensation, Motor Vehicle Accidents or Accident Liability Claims:

- Our office policy for motor vehicle accidents (MVAs) is to bill your personal injury protection (PIP) insurance. Please bring copies of your insurance card, the date of the accident and all pertinent information needed for billing. Please refer to the 'Motor Vehicle Accident Personal Injury Protection Insurance form'. We also need a copy of your regular medical insurance card in case the MVA is not covered.
- For Worker's Compensation visits, you need to bring the information for billing along with pertinent information regarding the injury. If you have already filled out paperwork, a copy will be needed at the time of your appointment. If you have not filled out the paperwork yet, please allow an extra 20 minutes so we can get that taken care of.

Minors:

The parent(s) or guardian(s) accompanying a minor are responsible for providing current insurance information for the minor and/or payment in full for services provided. Unaccompanied minors must have an authorization for medical treatment signed by a parent or guardian and is responsible for providing current insurance information, copays and/or payment in full for services provided.

Delinquent Accounts:

You will receive a monthly statement showing itemized charges and the total due on your account.

- In the event that a patient stops making payment on his/her outstanding balance for longer than 45 days, he/she will be considered as having a delinquent account.
- Patients with outstanding balances may have their accounts forwarded to a collection agency after 90 days of non-payment.
- In the event that a patient needs emergent or routine care and has a delinquent balance, they need to make payment arrangements with the business office.

Returned Checks:

A \$35 fee will be assessed to your account for each returned check. This fee and the original check amount must be paid in full with cash, credit card or money order within 10 days.

NO SHOW POLICY: We have a no show fee of \$50. Insurance will not cover this charge, this will be patient responsibility. A no show appointment is an appointment that we did not receive 24hr notice for cancellation.

Billing Office Hours:

For your convenience, our Business Office is staffed Monday thru Friday from 8:00 am to 4:00 pm. The phone number is (360) 992-1158. Our knowledgeable staff will be happy to address any questions or concerns you may have regarding our financial policy or your account.

Patient Name (PRINT): _____ Date: _____

Patient or Legal Representative Signature: _____ Relationship: _____