



## Country Homes Nurse Practitioners

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### Financial Policy

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**Will you bill my insurance for me?** Yes, we will bill your insurance if we have received **complete** and accurate information from you. Complete information includes your name, birthdate, social security number, address, phone number, insurance card, and the name and birth date of the insured, if not self. Insurance cards must be presented as a new patient and annually thereafter, or if there are any changes to your coverage. If your insurance information is not provided, you will be responsible for charges at the time of service or you may schedule for a later date. Medicare will submit your claims directly to your secondary plan if you have implemented the "Coordination of Benefits" with them. If you wish to have coordination of benefits you will need to contact Medicare directly. You will be responsible for any charges deemed as patient responsibility, including any non-covered services, copayments and deductibles. Country Homes Nurse Practitioners does not determine what is owed by the patient for a date of service. If you have questions about how your insurance plan has processed your claim, you will need to contact them directly if you feel there is an error.

**What insurances do you accept?** We have contracts with many insurance plans, but not all. "Contracted" means that your provider has agreed to accept the allowed charges set forth by your insurance plan, and in exchange for direct payment to your provider. We encourage you to contact your plan prior to scheduling to avoid surprises.

**What if the provider is not an in-network provider for my insurance plan?** If the provider is out-of-network for your plan, you may be responsible for a larger share or all charges for services as determined by your plan. It is the patient's responsibility to check with their plan prior to being seen. If the provider is not a network provider, and you still wish to be seen you will be responsible for account balance in the event that your insurance does not pay

**What does it mean that a "provider accepts assignment"?** Assignment means, that your provider will not charge you more than the "allowable" amount your insurance allows for the type of service provided to you. You will receive an "explanation of benefits", also known as an "EOB", from your insurance which explains the total charges for your services, any payments by insurance, and any non-covered services that were provided to you, as well as copayment or deductible that are owed. If you do not agree with how your insurance processed your claim, you will need to contact your insurance plan to attempt to resolve the matter.

**Will you see me for a Motor Vehicle Accident Claim?** Yes, but due we require payment in full at the time of service. You will be asked to sign an MVA agreement and payment will be collected at the time of your appointment. You will be provided with a receipt which can then be self-submitted directly to your insurance for reimbursement. MVA claims are considered third party responsibility and are not payable by most private medical insurances.

**When is payment on my account due?** Your account balance is due within 30 days of the statement date. If you do not have insurance, payment is due on your account at the time of service. If applicable for your plan, copayments are due at the time of your appointment. If your copayment is not paid at the time of service, an additional \$25 fee will be applied. Our office does not collect a copay for a new patient or wellness appointment at the time of service. However, this does not mean a copayment will not apply to your visit. Wellness appointments, in most cases, do not require a copayment, but if you are seen for any reason outside the scope of a wellness exam, a co-payment may apply. Short term payment plans are available by signed agreement only, for balances of \$100 or more, for a term not to exceed 90 days. Payments can be made online on our patient portal. If you have not already created your account, please provider our staff with an email so that an invitation may be sent to you to do so.

**What Happens if my Account Becomes Delinquent?** If your account balance is 30 or more days old, we will require payment of the balance prior to scheduling your next appointment.

**Does the office accept Credit, Debit, HSA, HRA or Flexible Spending Account?** We accept Visa, Mastercard, Discover and American Express. Please be aware, that merchant services will charge a 4% fee for all credit card processing. Country Homes

Nurse Practitioners and we will not be able to waive this fee. If you wish to avoid fees, you may pay with cash or personal check for your copayment or balance on account. Please note if your copayment is not collected at the time of service an applicable fee will apply. For your convenience, we accept credit card payments by phone. If you would like a receipt for your Please note, that currently our office does not accept Care Credit, or discount plans. The option to have your card information stored on file for future use is available with a signed authorization. If you would like to use this option, please ask the front desk to provide the authorization to you.

**What happens if my check is returned by my bank for non-sufficient funds?** If your check is returned by your financial institution for "Non-Sufficient Funds", an additional fee for \$35 will be added to your account, and personal checks will no longer be accepted as a form of payment. I understand that my account balance plus applicable fee must be paid prior to scheduling my next appointment.

**What Happens if my account is sent to collection?** If your account becomes 120 days or more past due, without payment, or signed agreement, or if you are non-compliant with a payment agreement, your account will be forwarded to Chapman Financial Services for collection. If more than 15 days have lapsed since notification of collection action, you must contact Chapman Financial Services directly at (800)594-9866, to settle your account. Please note a 35% fee will be added to your account balance if it becomes necessary to send account to collection.

If your collection account remains unpaid for more than 90-days, you will receive a notice from our office instructing you that your collection account must be paid within 30 days to remain as active a patient in our office. If you do not settle your account within the allotted time, you will be dismissed from our practice. Collection accounts that remain unpaid for 90 days following the listing date, you will receive a notice stating that you must contact collection agency to settle account. At the end of 30-days, if your collection account has not been settled, you will receive a notice of dismissal from our practice. Please note if it becomes necessary to send your account to collection for a second time, you will be dismissed from our practice at that time.

**Will I be Charged a fee if I am a No-Show for an Appointment?** You will be charged a no-show fee for each appointment that you have missed. No-show fee must be paid prior to scheduling your next appointment. You will be required to pay prior to scheduling your next appointment. These fees cannot be billed to insurance and are patient responsibility. Unpaid balance for no-show fees will be subject to collection action if they remain unpaid and you will not be permitted to schedule any further appointments until paid.

**For patient's ages 18 or older:** By law, you are considered an adult, and you are responsible for your own account balances. We cannot legally provide a statement to anyone other than the patient. We will be unable to share your medical information or account information to a parent without your approval. It is the patient's responsibility to provide the other party with a statement in this situation.

**What if I need a copy of my medical records?** We will be happy to supply medical records, free of charge to your new provider with a signed release. If you require a personal copy of your medical records, we can supply you with an electronic copy. You can supply your own flash drive at no cost to you or if you wish you may purchase a flash drive from our office for \$10. If medical records are required for MVA claims, your attorney, or disability determination they will need to request records from us directly. Prepayment will be required for the amount allowed per the Washington State guidelines (WAC 246-08-400). If you need records for life insurance or long-term care coverage, have the carrier request records directly. For all record requests, please allow a minimum of fourteen business days processing time.

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