

# Desoto Family Medical Center

## **CREDIT AND COLLECTION POLICY AND PERMISSION TO TREAT**

This is an agreement between Desoto Family Medical Center, as creditor and the patient/guarantor as debtor.

**CREDITS:** All credit balances are researched and refunded on a quarterly basis, unless otherwise requested by the patient and/or guarantor. If however, future visits have been established, Desoto Family Medical Center reserves the right to hold the credit and transfer it to an existing open account.

**COPAYS:** Co-payment amounts are due at the time of service and are to be paid upon check-in. Payments can be made by cash, check, and credit or debit card.

**INSURANCE:** All medical claims will be submitted to the appropriate insurance carrier, unless otherwise specified by the patient/guarantor. This is a contract between the subscriber/patient and the carrier. Verification of coverage will be established when the insurance company processes the claim.

**PRIVATE PAY (NO INSURANCE):** If the patient/guarantor does not possess insurance coverage, the balance for services rendered is due in full at time of service and is to be paid upon check-out. If payment in full is not feasible, the patient/guarantor is to be referred to the billing department where an appropriate payment plan will be established (in writing). All non-insurance patients will be given a 20% discount if payment is made in full at time of service.

**PRIVATE PAY (WITH INSURANCE):** Once your insurance company has paid a claim on your behalf, or indicated that a service is not covered by your policy, any balance that may remain is due in full upon receipt of a statement. If payment in full is not feasible, the patient/guarantor is responsible for contacting the billing department to make appropriate payment arrangements.

**PROMPT PAYMENT LAW:** Due to the prompt Payment Law established by the State of MS, if a claim has been received and verified as "clean", the insurance carrier has 45 days to process and pay the medical claim. If the claim is not processed and paid in allotted timeframe, Desoto Family Medical Center reserves the right, in accordance with the law, to transfer the responsibility for payment to the subscriber.

**WORKER'S COMPENSATION:** Any and all Workers Compensation services are the responsibility of the patient/guarantor. Desoto Family Medical Center will file the medical claims as a courtesy, unless otherwise specified. All required information must be presented to the clinic prior to the initial visit.

**PERSONAL INJURY:** Desoto Family Medical Center does not file third party insurance. All patients involved in a motor vehicle accident will be responsible for payment at time of service. We cannot file your medical insurance on motor vehicle accident claims if there is a third party insurance involved.

**RESPONSIBILITY OF ACCOUNT:** All services rendered are the responsibility of the guarantor listed on the account. The guarantor of a minor should be the parent/guardian that brings the child in for services a

majority of the time. If a child is covered under a parent's insurance policy and is over the age of 18, the child is responsible for any outstanding balances.

PAYMENT PLAN OPTIONS: If payment in full is not feasible, an appropriate payment plan will be established with the billing department. Payment plans can be approved that requires a monthly payment of the greater of \$50.00 or 20% of the account balance, unless other arrangements have been made.

PAYMENT OPTIONS: Payment on an account can be made in the following order: A) cash B) check C) money order D) credit or debit card

LATE CHARGES: If a patient has received two statements and a payment has not been received within ten (10) days of the issuance of the second statement a \$20 late charge will be added to the outstanding balance. If any account remains unpaid after ninety (90) days it will be turned over to a collection agency and a fee of \$50 will be added for the cost of collections.

STATEMENTS: Any and all accounts with a patient balance will receive a billing statement every 30 days indicating the amount due on the account. The billing department phone number will be shown on the statements should payment arrangements be necessary.

PAST DUE ACCOUNTS: An account will be considered past due if a payment has not been recorded within 45 days. The patient/guarantor will receive a written notice informing them of the outstanding balance along with the billing department's phone number so they may call to arrange a payment. All accounts are subject to further collection action if payments on the account are not being made on a regular basis. Payment on account will be expected before any further visits are permitted. Failure to pay account balance can lead to dismissal of the patient from the practice.

COLLECTION AGENCY: Once an account has been turned over to collection agency, it becomes the sole responsibility of the collection agency. Any and all correspondence will need to be directed to the collection agency.

RETURNED CHECK: A \$40.00 fee will be applied to the patient/guarantor account for any and all returned checks.

INSURANCE AUTHORIZATION: I hereby authorize Desoto Family Medical Center to furnish information to insurance carriers concerning my illness and treatments. I hereby assign to Desoto Family Medical Center all payments for medical services rendered to me or minor children. I understand that I am responsible for any amount not covered by insurance.

PERMISSION TO TREAT: By my signature I give permission to treat me or my minor child for medical purposes.

**DESOTO FAMILY MEDICAL CENTER, PA**  
**Notice of Privacy Practices**  
**HIPAA (Health Insurance Portability and Accountability Act)**

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. We are required by law to protect the privacy of your information, provide this Notice about our information practices, and follow the information practices that are described in this notice.

**Your Health Information Rights**

Although your health record is the physical property of Desoto Family Medical Center, PA, the information belongs to you. You have the right to inspect your health record and obtain a copy of it. You also have the right to obtain an accounting of certain disclosures of your health information, request communications of your health information by alternative means or at alternative locations, and revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Our Responsibilities**

Desoto Family Medical Center, PA is required to maintain the privacy of you health information, to provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you, abide by the terms of the Notice, and notify you if we are unable to agree to a requested restriction. We reserve the right to change our practices and to make the provisions effective for all protected health information we maintain. We will not use or disclose your health information without your authorization, except as described in this Notice.

**Example of Disclosures For Treatment, Payment, and Health Operations**

Desoto Family Medical Center, PA will use your health information for treatment purposes. For example, information obtained by a nurse, physician, or other member of our healthcare team will be recorded in your record and used to determine a course of treatment. Members of our healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

Desoto Family Medical Center, PA will use your health information for payment purposes. For example, a bill may be sent to you or an insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Desoto Family Medical Center, PA will use your health information for regular health operations. For example, members of the healthcare team may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Other Permitted Disclosures and Uses of Your Health Information**

Unless you notify us that you object we may use or disclose health information to notify or assist in notifying a family member, person representative, or another person responsible for your care, your

location and general condition. Unless you notify us that object, we may disclose your health information to members of the clergy. Health professional may disclose to a family member, other relative, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

We may use or disclose your protected health information in an emergency treatment situation. In this event, you will be notified of our privacy practices as soon as reasonable practicable after treatment. We may also contact you to provide appointment reminders or to provide you with information about treatment alternatives.

There are some services provided in our organization through contacts with business associates. An example would be certain laboratory test provided by an outside lab (business associate). When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information. We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

We may contact you as part of research program concerning your possible participation in a study. You may be given the opportunity to accept or decline participation in qualifying studies. However, your health information shall not be sold for any purpose.

We may disclose to the Food and Drug Administration (FDA) health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

We may disclose health information to extent authorized by and the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

We may disclose health information for law enforcement purposes as required by law or in the response to a valid subpoena. Federal Law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated profession or clinical standards are potentially endangering one or more patients, workers or the public.

### **Right to Obtain Notice**

You have the right to obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept this notice electronically. This Notice may be changed at any time.

### **Requesting Copies of Your Health Record**

You may request a copy of your health record. We will provide a copy within ten (10) working days after receiving your request. We use a copying service that will charge you per page depending upon the

length of your record. They may require that these costs be paid prior to copying. If costs are paid in this way, you or your authorized representative have a right to receive the records without delay after receiving payment. As a courtesy, there are no charges for records being sent to physicians and schools.

### **Requesting Restrictions on Use and Disclosure**

You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You may also request that your health information not be disclosed to family members or friends who may be involved in your care. You must state the specific restriction requested and to whom you want the restriction to apply. This office is not required by law to agree to a restriction that you may request.

### **Requesting an Accounting**

You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. It excludes disclosures we may have made to you, or to family members involved in your care. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

### **Requesting Changes to Your Health Record**

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, or you believe your privacy rights have been violated, you can file a complaint with Angel Burnette, 75 Physicians Lane, Southaven, MS 38671 at 662-393-7722. Or you may contact the Secretary of the Federal Health and Human Services Department. There will be no retaliation for filing a complaint.