CREDIT POLICY

The primary goal of the ***Family Practice Medical Center of Willmar, P.A (FPMC)*** is to insure that each patient receives the highest quality medical care at a fee that is representative of that care and that no person requiring medical treatment for life-threatening illness or injury is refused care or treatment. As with all private business, prompt payment for services received by customers will provide the resources necessary to keep the business operating with quality as a priority. With that in mind, FPMC has adopted the following credit policy.

1. Patients are required to pay for your medical services on the date services are rendered, unless the patient brings documented proof of insurance with a qualified carrier or makes prior payment arrangements with our Credit Counseling Department.
2. **All insurance co-pays are due upon arrival for your appointment as required by the patient's insurance contract. No co-pays will be billed and without the co-pay being paid the appointment will need to be rescheduled.**
3. If the patient has Medical Assistance, they must present a current medical assistance card when registering for the appointment. If Medical Assistance is through a primary insurance carrier, the patient must present this information at the time of registration. If the patient does not have the above information at the time of registration, the appointment will need to be rescheduled.
4. FPMC will accept Cash, Check, Visa, MasterCard, Discover and American Express as forms of payment.
5. **Payment for services rendered by FPMC are always the responsibility of the patient**, however, we will electronically process claims for patients who provide us with complete insurance information. If a claim is being disputed with an insurance company, the charge remains the responsibility of the patient and subject to immediate payment. If your insurance company duplicates your personal payment, a credit or refund will be applied to your account.
6. Approved monthly payment schedules will be calculated at a minimum amount of 15% of the balance due or $50.00, whichever is greater. Any Budget Plan approved by FPMC will require the guarantor of payment to sign a Budget Plan Agreement prior to the plan going into effect.
7. A finance charge of 1.5% per month (an annual rate of 18%) will be imposed on all billed outstanding balances that are past due.
8. Refund checks will be sent on accounts with a credit balance of $25.00 or more within six months of the last date of service and after final payment from insurance. <u>All other credits will remain on the account and will offset future charges.</u> A refund will be made, regardless of the credit balance, if all patients on an account will no longer be seen at FPMC. Patient statements will not be issued on credit balance accounts.
9. In custodial matters, it is our policy that we bill the custodial parent for all health care services. In cases where a written court order allows payment for medical costs associated with a dependent, it is the responsibility of the custodial parent to obtain reimbursement from the other party involved.
10. **A charge of $30.00 will be assessed for each returned check.**