



FINANCIAL POLICY

(Updated January 2023)

Thank you for choosing Trifecta Medical Group's Wellness Division as your wellness provider. You have chosen a service line designed to keep you feeling your best, boost your confidence, and/or maintain your health. Due to the nature of these services, the majority of our offered procedures are considered elective and cosmetic in nature. Therefore, insurance companies likely do not cover these procedures. There may be some exceptions to this and we can work with you to determine if insurance may approve the procedure PRIOR to scheduling the appointment. Please be assured that we make every effort to keep costs low for you, as we know these services can cause a large financial burden.

We are committed to providing you with the best possible care. Your clear understanding of our Financial Policy is important to our professional relationship. The following is a statement of our Wellness Financial Policy, which we require you to read and sign prior to any treatment. Please ask if you have any questions about our fees, financial policy, or your responsibility.

- All patients must complete our patient information form(s) before seeing a provider.
- Trifecta Wellness respects your time. To help us stay on time, we have implemented a policy regarding late arrivals and no-shows.
- Payment is due at time of service unless prior arrangements have been made with the approval of management.
- We accept cash and major credit cards. Payment plans are not offered at this time.
- A fee of \$30.00 will be assessed for a returned check in addition to any bank charges incurred.

Insurance Coverage

Your insurance coverage is a contract between you and your insurance company. We are not a party to that contract. If you have insurance, we will help you receive maximum benefits. However, please note that most procedures in the Wellness portfolio are considered elective and cosmetic or utilize medications that are "off label", therefore making these procedures ineligible for insurance coverage.

- If you believe insurance will cover the cost or a portion of the cost of the procedure(s), we must obtain authorization from the insurance company prior to scheduling the appointment.
- **We will only bill your insurance company for services if prior authorization has been determined prior to your scheduled appointment.**
- In the event we accept assignment of benefits, the patient is still ultimately responsible for all charges. If your insurance company has not paid your account in full within 45 days, the balance is due in full from the patient and/or guarantor.

- If we accept your insurance and your insurance covers the cost of the procedure(s), you are legally required to pay any charges not covered by your insurance, understanding the provided services are considered elective and/or cosmetic in nature and are not likely covered.

Usual and Customary Rates

Our practice is committed to providing the best treatment for patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. We file claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, etc., other than to provide factual information as necessary. You are responsible for the timely payment of your account.

Terms of Payment

Payment is due at the time service is rendered unless other arrangements have been made in advance. This includes co-payments, co-insurances, deductibles, and non-covered services per your contractual obligations with your insurance company, if your insurance company covers the services. We are legally prohibited from writing off patient responsibility amounts.

Billing Process

Charges are made through our Electronic Medical Record and Revenue Practice Management Service, AdvancedMD. Payment in full will be collected immediately following your appointment. Billing statements, if applicable, will be mailed out by our billing service and are due upon receipt. If you are unable to pay your bill in full when you receive it, please call our office to set up a payment plan.

Untimely Payments & Late Fees

In the event of untimely payments (if applicable), late fees will be assessed, and an outside collection agency may be utilized to secure payment. There will be a \$5.00 late fee charged to any account that is 31-60 days past due. There will be a \$10.00 late fee charged to any account that is 60-90 days past due. After 90 days, late accounts will be released to our collection agency. No appointments will be made until the balance is paid in full, unless a payment plan has been approved and set up by management.

Missed appointment & Re-scheduling Policy

Please cancel or reschedule scheduled appointments at least 24-hours prior to the appointment. Failure to cancel or reschedule an appointment at least 24-hours prior to scheduled appointment will incur a missed appointment fee as follows:

Notification 24 - 12 hours prior to appointment	\$50
Notification 12 hours prior until time of appointment + 15 minutes	\$75
Arrival >15 minutes after appointment time (appointment may need to be rescheduled)	\$75
No contact, no show	\$100

Estimates

We aim to be transparent with our pricing. You will find a list of many of our services and fees on our website (this list is not comprehensive). Our providers' charges will likely not be covered by your insurance. Our providers will do their best to explain their plan of treatment before services are rendered. It's best that you contact your health insurance carrier for questions on covered services before scheduling appointments. **We will only bill your insurance company for services if prior authorization has been determined prior to your scheduled appointment.**

Patient Financial Responsibilities:

Acceptance of this financial policy will remain in effect until revoked in writing, or until the responsible party signs a new policy. The individual named below accepts responsibility for any and all charges incurred with respect to the care provided regardless of any financial obligations to a 3rd party, with the exception of insurance services paid within 45 days.

I have read, understand, and accept the financial policies of Trifecta Wellness.

Responsible Party Name (printed) _____

Signature _____ Date: _____

Patient name(s) _____

Assignment of Insurance Benefits

I request that payment of authorized Medicaid and/or other applicable insurance benefits be made on my behalf to Trifecta Wellness for any services furnished to me by Trifecta Wellness. By signing below, I authorize any holder and its agents to release my medical and/or other necessary information, which may be needed to determine benefits payable for the Healthcare Financing Administration and/or its agents.

Signature _____ Date: _____

Authorization to Release Information

I hereby authorize Trifecta Wellness to furnish any medical records and information necessary to other medical offices regarding my treatment.

Signature _____ Date: _____