

2022 PRACTICE AGREEMENTS & FINANCIAL POLICIES

Thank you for choosing Bella Health + Wellness. We are honored to have the opportunity to care for you!

We thank you for taking special care to review Bella's 2022 practice policies and financial agreement, signaling your acknowledgement/consent to each provision by initialing beside each statement and providing a final date and signature on page two. We are happy to provide a physical copy of this document for your own records. Simply request a copy from a member of our Patient Representative team.

PLEASE INITIAL EACH AGREEMENT BELOW:

_____ **OUR COMMITMENT TO YOU** is to provide comprehensive, life-affirming health care with dignity and compassion. We commit to offering you medical solutions that respect your dignity, preserve your integrity, and work in cooperation with your body. This means that we do not offer contraception, sterilizations, or abortions but rather promote and provide natural fertility awareness that is scientifically validated. We will provide the most healthy, natural, yet scientific approaches to individualize your care.

_____ **RESPECT:** Together we will build a dignified provider-patient relationship with communication that is grounded in mutual honesty, trust and respect. We will strive to be respectful and conscientious in utilizing medical resources.

_____ **EXPECTATION OF PROMPT PAYMENT:** Co-payments, deductibles, and services not covered by an insurance plan, as well as any outstanding balances, are due at the time of your appointment. Should you receive an invoice from Bella, *all account balances must be paid within 30 days of receiving your first statement*. Payments are easily processed via our Patient Portal (accessible on our website). We accept payments *via* cash, check, Visa, or MasterCard. *Nonpayment will result in your account being turned over to a collection agency*. If you find yourself struggling to pay your bill, please contact the Billing Team.

_____ **COPAYS:** Bella Health + Wellness is a multi-specialty practice. We have OBGYN and Family Medicine providers. It is your responsibility to contact your insurance regarding the type of copay that will be applied for your visit. COPAYS are determined by the insurance company at the time of claim processing. Any copay amounts that are collected at your visit are an estimate of what may be owed, and final determination is made when your insurance processes your claim.

_____ **INSURED PATIENTS:** It is your responsibility to provide us with accurate insurance information and to inform us of changes in your coverage as they occur. Charges incurred for services are the patient's responsibility, regardless of insurance coverage. Your insurance coverage is a contract between you and your insurance plan. We will file your primary and secondary insurance as a courtesy to you. You are responsible for all copays, coinsurance, deductibles, and non-covered services. We ask that balances due be paid when you receive your statement or at your next appointment, whichever is sooner.

_____ **INSURED SURGERY PATIENTS:** We will call your insurance to verify benefits as soon as you schedule surgery. If your deductible and co-insurance amounts have not been met, we will pre-collect these amounts at your Pre-Operation Appointment. Failure to have this amount paid at your Pre-Op Appointment will result in postponement of your surgery.

_____ **SELF-PAY PATIENTS & SHARE PLAN PATIENTS:** Patients who are not billing a third party or a health insurance company, as well as all medical "share plan" patients are required to pay at the time of service. We do not submit any claims directly to share plans. You are responsible for all filing. Bella does extend a significant discount on services to you to assist you as you pay for your medical care.

_____ **GOOD FAITH ESTIMATES:** You have the right to a GFE and Bella Health + Wellness will provide one upon request.

_____ **OB PATIENTS:** As a courtesy, we will contact your insurance to verify your obstetrics benefits prior to your Comprehensive OB Appointment (typically 12 weeks). If you have more than a \$2,000 deductible and/or co-insurance that has not been met at the time of our initial verification, we will

collect anticipated obstetrics fees prior to your delivery. Any additional fees will be collected immediately following delivery.

_____ **OUTSIDE LABORATORY FEES:** Pap smears, blood tests, nasal swabs, and other samples may be sent to an outside laboratory for analysis. LabCorp and Arbor Diagnostics are our primary laboratory partners. We are proud to offer an “in house” phlebotomist at Bella for added convenience. If your insurance requires a specific lab, please notify us at the time of service. Do note, there will often be co-insurance/deductible amounts for which you are responsible and will receive a separate bill directly from the laboratory. Any question about lab bills must be directed to the lab facility itself and/or your insurance company.

_____ **MEDICAL FORMS:** The completion of disability forms, FMLA, attending physician statements and other supplemental insurance/employer forms require additional physician and staff time. The first form will be completed free of charge. A minimum fee of \$25 may be charged for additional forms.

_____ **THIRD-PARTY COLLECTIONS:** Should prolonged non-payment become an issue, Bella reserves the right to place your account with a third-party collection agency. It is also likely we will have to dismiss the account holder from our practice. Please communicate before your account falls into arrears. Payment plans are available if we know your situation early.

_____ **BOUNCED CHECKS:** A minimum \$35 processing charge will be applied for each check returned by the bank.

_____ **EARLY ARRIVAL TO APPOINTMENTS:** To keep the clinic running on schedule, we ask that all patients arrive at least 15 minutes early to appointments. This allows us to process paperwork, collect co-pays, reconcile outstanding balances, answer questions, or collect urine samples.

_____ **LATE ARRIVAL & MISSED APPOINTMENT POLICY:** We believe every appointment is sacred. Bella’s ability to continue as a mission depends on honoring our time together. We truly understand that sometimes life happens, but lack of prompt attendance prevents others from receiving care at that time, thus compromising both Bella’s and other patient’s well-being. If cancellation is necessary, we ask that you call our office one business day in advance.

_____ **OUTDOOR SICK CLINIC:** Bella is making every effort to limit the spread of disease by adopting protective measures recommended by the CDC and local health officials. As leaders in the treatment of COVID-19, the flu, strep and other illnesses, we want to care for you when you’re sick. To optimize treatment of the sick or exposed while protecting the well in our care, we have erected an outdoor, drive-thru sick clinic which may be utilized depending on community infection trends. Our team will let you know if your appointment will take place outside.

_____ **UNIVERSAL MASKING & SOCIAL DISTANCING:** We will follow evidence-based practice recommendations and local mandates regarding mask requirements. We do ask that any patient experiencing cold or flu-like symptoms (cough, congestion, fever, chills, vomiting, diarrhea) wear a mask during their time inside the Bella clinic and practice smart social distancing. We have added new seating to the foyer areas of our building to ensure all patients feel comfortable and safe.

_____ **VISITOR POLICY:** We welcome guests at Bella! Periodically we may need to restrict visitors for everyone’s health and safety during cold and flu season and with community rise of COVID. Please check with the office if you hope to bring a guest to your visit!

_____ **WE ARE A FAITH-BASED, NONPROFIT:** We welcome any contributions you might wish to make to further our ability to care for the most vulnerable of our neighbors. Together, we can make people whole. Donations can be made via cash, check, or credit card on our website. You can also text “**BEWHOLE**” to 44-321

YOUR SIGNATURE CONSTITUTES AN AGREEMENT TO THESE POLICIES.

DATE: _____

PATIENT OR RESPONSIBLE PARTY (SIGNATURE): _____

PATIENT NAME (PLEASE PRINT): _____

EDUCATION: An Explanation of Bella's Approach to Medical Insurance

Misunderstandings about medical insurance have become increasingly common since "managed care" revolutionized the medical insurance industry. At one time, it was not unusual for insurance to cover 100% of the cost of services provided during a medical visit. However, this is rarely the case anymore. The information will hopefully help you evaluate and better understand your insurance coverage for treatment obtained through this office.

Your Insurance Contract

A claim from our office for all services provided to you (office visits, procedures, surgery, etc.) will be sent to your insurance company. The amount that your insurance pays to the physician (provider) as reimbursement for these services – **and the amount that must be paid by you** – is determined by the contractual agreement between you and your insurance company. That agreement most likely states that you, the insured, are responsible for several types of payments. These include:

- **Co-Payments**

Co-payment is the amount that your insurance company requires you to pay to the physician at the time of the service (office visit). Depending on the type of service being rendered, you may be required to pay a co-pay with each visit. ***Based on the services provided at Bella, our office policy is to collect your co-payment at each office visit.***

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- **Deductible (Per Calendar Year)**

The deductible is the amount that your insurance **requires you to pay** for services rendered before the insurance company will begin paying for benefits.

- **Co-Insurance (Per Calendar Year)**

After your deductible has been met, your insurance company will pay for all or part of the expenses according to your agreement with the insurance company. The amount that your insurance company pays will vary from 0% to 100%, with common options being 90% / 10% and 80% / 20%. This means that you (the patient) will be responsible for a percentage of the expenses (up to a maximum) beyond the deductible and your insurance company will be responsible for a percentage. The percentage amount is determined by your contract with your insurance company.

The terms under which insurance policies establish these limitations on reimbursement vary widely among policies and depend on your individual contract and plan benefits. We encourage you to contact your insurance company to verify your plan benefits. Patients are financially responsible for any service received that is not a covered benefit of their insurance plan.

EFFECTIVE IMMEDIATELY:

IT IS OUR OFFICE POLICY TO COLLECT YOUR CO-PAY AND OUTSTANDING ACCOUNT BALANCES WHEN YOU CHECK-IN FOR YOUR APPOINTMENT.

FOR OB AND SURGICAL PATIENTS, DEDUCTIBLES & CO-INSURANCE WILL BE PRE-COLLECTED AS WELL.