

# ELDORADO FAMILY MEDICINE

## PATIENT FINANCIAL POLICY

Please read and review this entire document. Eldorado Family Medicine (EFM) strives to prioritize our patients well-being including keeping clear, concise Financial Policies. If there are any questions or for further clarification, please let the front desk know or you may contact us at 214-592-8382. **If you would like a personal copy of these documents, please see the front desk to obtain one.**

**PAYMENT:** Payment is expected at the time that services are rendered. If your deductible has not been met in full, or a percentage is your responsibility, the payment collected in the office may not cover the full balance due for that appointment. We will file the claims with the insurance company that is provided to us and the patient or guarantor will be responsible for any balance that the insurance does not cover after they have processed the claim. All charges for treatment become due and payable sixty (60) days after the date of service or once your bill has been generated. These periods allow sufficient time to process insurance and make payment in full on any remaining balance. If not paid within 60 days, EFM will begin various collection activities including, but not limited to submitting the past due account balance to a collection agency.

**SELF PAY PATIENTS:** If you do not have any insurance at the time of your visit, please let the front office know so that we can provide you with accurate cash pay prices. We aim to provide our patients with competitive pricing for our services.

**MANAGED CARE:** All managed care (HMO, PPO, etc.) co-payment amounts are due at the time of service. The patient must notify their insurance plan that their PCP will be Dr. Harris Lin MD, prior to their appointment to ensure that their appointment is covered. Failure to contact your insurance plan could result in the insurance plan not covering the visit and the balance would be considered patient responsibility. If your insurance plan requires a referral authorization from a primary care physician please present this at your initial visit. If you request an office visit or surgery without a referral authorization your insurance plan may deem this as "out of network" or "non covered" treatment, and you will be responsible for a larger amount or all of the charges. The patient acknowledges that it is the patient's responsibility to be aware of what services are covered, if the specialist referred to is in network, and agrees to pay for any service deemed to be not covered or not authorized by the plan.

**MEDICARE:** EFM is a participating provider with the Medicare program and accepts as payment, the Medicare allowable, patient deductible and/or 20% co-insurance. If you have supplemental insurance to cover the portion of the charges that Medicare does not pay, please provide us with a copy of both your traditional Medicare card as well as your secondary/supplemental insurance cards. Medicare or secondary carriers do not cover some procedures and supplies. Please make certain you understand which aspects of your treatment are covered before proceeding. If your insurance does not cover the charges, you understand that you will be responsible for these charges.

**SECONDARY INSURANCE:** The Texas Department of Insurance requires the patient to provide secondary insurance coverage to the provider if applicable. Patient agrees to provide such information. Patient agrees to immediately notify the provider of any future additions, changes or deletions in primary or secondary insurance coverage.

**MEDICAID:** If you have Medicaid coverage of Any kind, you must notify us prior to your visit. The patient must also notify Medicaid that their PCP will be Dr. Harris Lin MD, prior to their appointment to ensure that their appointment is covered. This is part of your agreement with Medicaid, and failure to notify us of Medicaid coverage or failure to notify Medicaid of the PCP change will result in full financial responsibility for services rendered.

**PATIENT RESPONSIBILITY:** Before receiving services, you must verify that we are participating providers for your insurance company. It is also necessary that Dr. Harris Lin is listed as your primary care provider with your insurance company. In the event we are not participating providers or our physician is not listed as your primary care provider with your insurance company, we will file the initial claim as a courtesy. Payment, however, is due in full at the time of service.

We will send a statement (to the billing address you provide) notifying you of any balances you may owe. If you have any questions or dispute the validity of this balance, it is your responsibility to contact our billing office within 30 days after receipt of the initial statement. The phone/TELEMEDICINE VISITS: At times we may offer a Telemedicine or Video Call appointment in these cases, Telemedicine or Video Call appointments with our provider are still considered an office visit and will be billed as such. This means that a copay is due at the time of service or if by chance it is not collected on the day of your visit it will be due at the next visit along with the co-pay that will be due for that visit.

**Failure to keep your account balance current may require us to cancel or reschedule your appointment.**

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**NOTICE OF PRIVACY PRACTICES THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

**OUR LEGAL DUTY** We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect January 11, 2024 and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of the Notice.

**USES AND DISCLOSURES OF HEALTH INFORMATION** We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. **Healthcare Operations:**

We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. **Your**

**Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. **To Your Family and Friends:** We must disclose your health information to you as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare; but only if you agree that we may do so. **Persons Involved**

**In Care:** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up paperwork, medical supplies, x-rays, or other similar forms of health information. **Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization. **Required by Law:** We may use or disclose your health information when we are required to do so by law. **Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances. **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders. **PATIENT RIGHTS Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide photocopies of your medical records. We will process your request as quickly as possible. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of the Notice. If your request copies we will charge you a flat fee of \$25 for each copy of your medical records which includes the staff time to locate and copy your health information, and postage if you want the copies mailed to you. **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency. **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. **Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. **Electronic Notice:** If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.