



THOMAS CHITTENDEN
HEALTH CENTER

PAYMENT POLICY

In order for Thomas Chittenden Health Center to successfully bill for the medical services rendered to you, we must rely on you to provide us with complete and accurate information. In order to assist us, for every appointment, please arrive 5 minutes early and be prepared to:

- Confirm/update your current address, telephone number and payment information;
- Make payment for the amount due at time of service according to this payment policy;
- If you have medical insurance, notify the receptionist of any insurance changes, provide all of your current insurance card(s) and properly identify each insurance plan as primary, secondary or tertiary;
- Inform us if your visit is for an injury that should be covered by workman's compensation or accident insurance;
- Bring your driver's license or photo identification.

Payment due at time of service:

All patients are expected to pay their co-pay on the day services are rendered or contact our billing office staff to make financial arrangements. All co-insurance and deductible amounts are due within 30 days after insurance payment is received. Payment may be made by cash, check, credit card or debit card.

- If you do not have medical insurance you are expected to pay in full for services rendered. A 25% discount will be applied if you have no insurance and pay at the time of service. If you do not pay at the time of service a payment plan must be arranged at the time of service.
- If you have medical insurance coverage by a plan with which **we have a contract** you are expected to pay your co-pay on the day services are rendered. If you **do not pay** your co-pay at the time of service and we have to send you a bill, an additional \$10.00 fee may be added to your account to cover our costs.
- If you have medical insurance coverage by a plan with which **we do not have a contract** you are responsible to pay in full for services rendered. We will bill your insurance as a courtesy. If both you and your insurance plan pay for your services, we will refund your payment by check.

Thomas Chittenden Health Center currently has **contracts with the following insurance plans:**

Aetna (w/First Health Logo)	Aetna Open Access Select	Aetna PPO	Aetna POS2
BCBS of Vermont	Beechstreet Network	CBA/EBPA	Cigna
Coventry/First Health Network	UVM Medical Center	Medicare	MVP
Vermont Medical/Green Mtn Care	Tricare for Life	United Healthcare	
	<u>*(NOT Aetna HMO or Aetna Tricare)</u>		

Outstanding balances:

Patients are expected to pay for services rendered according to this payment policy or contact our billing office staff to make financial arrangements. If we do not receive payment of your statement balance or a phone call to set up a payment plan within 30 days, your account will be considered past due and our staff will proceed with collection efforts. Please review your statement carefully and contact our billing office immediately if you have a question or think that you received the statement in error. **If your account is past due, please contact our billing office staff to discuss your account and make financial arrangements. We are here to help you.**



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Insurance claims:

We will submit your insurance claims for you if you provide us with complete and accurate information. In order for us to successfully submit your claims you must:

- Notify us immediately of all insurance changes;
- Present all of your current insurance cards **at every appointment;**
- Properly identify each insurance plan as primary, secondary or tertiary.

If you have an insurance plan with which **we do not have a contract**, you are expected to pay in full for services rendered. We will submit your insurance claims for you as a courtesy, however you are ultimately responsible for payment for services rendered. If you and your insurance plan both pay for your services, we will refund your payment by check.

Non-covered services:

Your insurance plan may not cover all medical services and may determine some services to be “not medically necessary”. When your insurance plan makes this determination and allows us to bill you, you will be responsible for payment for the non-covered services.

Knowing your insurance benefits coverage is your responsibility. Please read your insurance plan materials carefully and contact your insurance company with questions so you are not surprised.

Coordination of benefits:

If your insurance company denies your claim(s) due to coordination of benefits, you will be responsible for payment of the remaining balance for services rendered. If you receive a statement from Thomas Chittenden Health Center stating a Coordination of Benefits issue you must call your insurance company immediately to straighten out your account with them and ask them to re-process your claim.

Workman’s compensation or accidents:

If your visit is for an injury and should be covered by workman’s compensation or accident insurance you must inform our staff when you schedule your appointment and complete the required forms when you check in. If you do not provide us with all the necessary information you will be responsible for payment for services rendered.

Custodial parent:

By law, if you are a custodial parent, you are responsible for your child’s medical bills, even if you are not the carrier of your child’s insurance policy.

Missed appointments:

We reserve the right to charge you for a missed appointment. If you are unable to attend a scheduled appointment you must call in advance to cancel. Insurance does not pay for missed appointments.

Lab services:

While we perform many laboratory services here at Thomas Chittenden Health Center, some tests ordered by our providers are performed at outside laboratories such as UVM Medical Center. You or your insurance company will receive a separate bill from an outside laboratory for those services.