

Financial Policy

We are honored that you have chosen us to be a part of your healthcare team. We are committed to providing you with quality and affordable healthcare. This policy is intended to provide you with an overview of patient and insurance responsibilities for services provided at any of our facilities. If you have any concerns or questions about this policy, please let us know. A copy of this policy will be provided to you upon request.

Methods of Payment: Currently we accept cash, check, money order, and credit cards (VISA, Mastercard, Discover and American Express).

Self-Pay/Uninsured (no health insurance coverage): We offer a self-pay discount of 10% for all services paid in full at the time of service. In order to qualify for this discount you will need to complete the “No Health Insurance Certification” form. This discount is only available for patients who do not have any insurance coverage or a third-party payor that will be responsible for the charges. We will do our best to provide you with an accurate estimated of charges on the date of service. If any charges are not available for the estimate on the date of service, you can still qualify for the discount if you pay for you services within in 15 days of the first statement received. This discount will be voided if the charges are paid for with a check that is returned by your bank as non-payable. At that time, we will reverse the discount amount and charge your account our returned check fee. This discount also is not applicable if you qualify for our financial assistance program.

Insurance: We participate with many insurance plans, including Medicare, Blue Cross Blue Shield and Medicaid programs. Please bring your current insurance card(s) to each visit. We will attempt to submit all claims to your insurance coverage on your behalf. If you are covered by a plan that we do not do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but do not have your insurance information available at the time of service, we will expect payment in full at the time of service. It is important for you to know and understand your insurance benefits. If you have questions regarding your benefits, please contact your insurance company.

Co-Payment: All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from a patient can be **considered fraud**. Please help us uphold the law by paying your co-payment at each visit.

Deductible/Coinsurance: We will expect payment in full of all deductibles and coinsurance at the time of service unless prior arrangements have been made with the business office.

Claim Submission: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly to them. It is your responsibility to comply with their requests. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company, we are not party to that contract. If you insurance company does not pay your claim within 45 days, the balance will automatically be billed to you.

Credit Balances and Refunds: If an overpayment is received, we will first review all of your outstanding accounts to ensure you have no other accounts with remaining balances. If no remaining balance exists on any of your accounts, we will promptly refund any remaining overpayment amount. If the overpayment is made by the insurance company, it will be refunded to the insurance company unless their policy states otherwise.

Washington County Hospital
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Minor Children: Charges for children under the age of 18 will be billed to the parents. If the parents are not married, charges for any minor child(ren) will be billed to the primary custodial parent regardless of legal agreement between parents. It is the custodial parent's responsibility to insure that the account remains in a current status. Whether that be to pay their portion and inform the non-custodial parent of their balance or to personally pay the account in full and collect the amount from non-custodial parent themselves. It is not within our billing system to divide the charges of any patient into separate accounts. Any agreement within a divorce or custody decree is between the two parties legally bound by that agreement.

Information Changes: If you have an unpaid balance with us please notify us immediately of any changes to your insurance, address or phone number so that we can update your account. At each visit we may ask that you verify our current information on file and notify us of any changes that have occurred to your name, insurance, address and phone number since you last visit.

Payment Plan: For any balance that is not paid in full at the time of service, you must commit a payment agreement. We have established minimum payment guidelines based on the amount of your balance. A payment is expected each month based on the payment agreement you made. If you are unable to meet the terms of your payment agreement, please contact the business office immediately.

Financial Assistance Program: We have established a program to provide financial relief to those who are unable to meet the financial obligations incurred for health care at our facilities. If you are interested in applying for financial assistance, please contact patient accounts for an application.

Worker's Compensation: Services related to work-related injuries must be authorized by the employer or their work comp carrier. Patients will not be billed for authorized services. It is the patient's responsibility to complete all necessary paperwork with their employer on any work-related injury. You will also be asked to complete an accident/injury information form for us so that we can bill the services to the appropriate payor.

Auto Accidents/Premises Medical: Anyone who wishes to have their services filed to an auto or premises medical (no-fault) insurance may be asked to complete our accident/injury form. It is still the patient's responsibility to report a claim with the insurance carrier. Filing a claim with the insurance carrier does not guarantee they will pay 100% of your services. Any amount over the benefit limits will be billed to any personal health insurance coverage. Any amount not paid by the patient's health insurance is the patient's responsibility. If the patient does not have any additional health insurance coverage, the balance remaining after the auto/premises medical is the patient's responsibility.

Returned Checks: We will charge your account for any returned check fees incurred from the bank for a check returned as insufficient funds.

Balances Due: We will send each patient a statement on the balance due on their account. If no payment has been received within 30 days of the first statement, you will receive a letter requesting you to contact us to make payment arrangements. If you do not receive a response within 30 days, you will receive a second letter notifying you that you have 15 days to either pay in full or contact us to make payment arrangements. If no response is received from the second letter, you will receive a final statement and courtesy letter stating that your account has been turned over to our collections company.