

WELCOME TO POHALA – A PLACE OF HEALING, JULIE FOSTER, MSN, FNP

We hope this will answer any questions you may have about our financial and insurance policies.

Our fees are based on statistically determined standards within our community and are generally consistent with those charges in similar local practices. Our practice accepts most insurance plans. For your convenience we accept Visa, MasterCard, cash or check. There is a \$25 fee for all returned checks. A \$75.00 fee will be charged for less than 24 hour cancellation notice and for not showing up for your scheduled appointment.

PHONE CALLS & E-MAIL SERVICES: Phone/email consults are \$3/min. If Julie Foster FNP makes a suggestion or calls in a new prescription the minimum is \$25. If forms and letters are requested there is a \$25 fee. Quick call backs and clarification of treatments are at no charge. We ask patients to trust that Julie Foster FNP is honest about her time and service here. Her practice offers personalized care and in order to manage her time and energy after hours and in between seeing patients in the clinic she has chosen to charge for phone consults/emails. The majority of medical providers require an in-clinic appointment for most of the complaints asked by phone or email. We offer phone/emails consults also as a convenience for patients to avoid, traveling and time expense.

PRIVATE PAY / SELF-PAY: A \$100 deposit is required at your first visit. Payment is required at time of service or special arrangements will need to be arranged in advance.

PRIVATE HEALTH INSURANCE: You are responsible for deductibles, co-pays, non-covered services, coinsurance and items considered not medically necessary by your insurance company. Co-pays and deductibles must be paid at time of service and the remaining balance is due within 30 days of notice from the insurance company. Co-pays not received at time of service will be subject to a \$5 billing fee. As a courtesy we will bill your primary insurance and will forward a copy of the charges to your secondary insurance. Patients are required to send a copy of their Explanation of Benefits from their primary insurance carrier to their secondary insurance carrier so payment can be made.

Know your insurance coverage and requirements. Insurance coverage varies from one plan to another. Most insurance companies require the use of participating hospitals, referral physicians and laboratories when care is needed outside of your office. Please check your insurance booklet or talk to your insurance company regarding requirements of your specific plan. **It is your responsibility to inform us of the hospitals, labs and physicians your insurance company requires you to use.** We will gladly help you with any billing or insurance problems. Please bring in your insurance card for us to copy and let us know of any changes in insurance or other pertinent information as soon as possible.

WORKER COMPENSATION: Patients may be seen and initial worker's comp claim made. There after you will be referred to a worker's comp specialist.

MOTOR VEHICLE ACCIDENT: \$100 deposit is required from all new patients being treated for a motor vehicle accident. Patients must furnish us with the name and address of your motor vehicle coverage, date of injury and claim number. Please be sure to fill out all required paperwork and submit to your insurance company, otherwise, your claim will be denied and the balance will become your responsibility. All accidents whether the fault of the patient or someone else is billed through your personal injury protection policy with your insurance company. Your insurance company will in turn go after the other insurance company to receive compensation. You will receive a statement every month. Brace, medications, letters, forms and other charges that are patient responsibility will appear on your statement. If there is a balance due we require payment within 30 days of statement date. Your deposit will be refunded when the insurance company pays in full, unless your Personal Injury Protection (PIP) expires, becomes exhausted, or your claim is denied. If this occurs you may be eligible for coverage through your private health insurance. Contact them for a third party liability agreement. Please contact the billing department if other insurance coverage is arranged or if special arrangements need to be made.