



## Welcome to Temecula Family Medicine.

OUR PROFESSIONAL STAFF IS COMMITTED TO PROVIDING YOU WITH THE HIGHEST QUALITY MEDICAL SERVICES.

## Our Financial Policy

WE WANT YOU TO COMPLETELY UNDERSTAND OUR FINANCIAL POLICIES.

Payment is due at the time of service unless arrangements have been made in advance. Cash and credit cards are accepted.

### YOUR INSURANCE POLICY:

- Please keep in mind that your insurance policy is a **contract between you and your insurance company**. As a service to you, we will file your insurance claims if you assign the benefits to us. In other words, you agree to have your insurance company pay the medical provider directly.
- If your insurance company does not pay this practice within a reasonable period, we will have to look to you for payment.
- We have contracts with many insurance companies and other health plans to accept assignment of benefits.
- **We will bill your insurance; however, you are required to pay your deductible, co-payment, and/or co-insurance at the time of service.**
- **Not all insurance plans cover all services.** In the event that your insurance plan determines a service is “not covered”, you will be responsible for your complete charge. Payment is due upon receipt of statement from our billing office.
- There is a possibility of additional charges for afterhours care.

## Member Eligibility Waiver

### INSURANCE VERIFICATION:

- We make every effort to verify your insurance benefits at the time of your visit, however there are times when verification is just not possible.
- **In order to provide the best care possible, we will collect the co-pay, co-insurance, and/or deductible from you at the time of service and submit the claim to your insurance company on your behalf.**
- We will provide the insurance company with all of the information they need to process your claim; however, if for any reason the claim is unpaid by your insurance company, you will be responsible for the amount due and will receive a bill from us.
- If we are **not able** to verify insurance eligibility at the time of service we will bill your insurance as a courtesy, but will have to collect \$115 for that date of service until we get an explanation of benefits, and/or payment from your insurance.

## Credit Card of File Agreement

### CO-PAY, CO-INSURANCE, AND/OR DEDUCTIBLE FROM YOU AT THE TIME OF SERVICE:

- At check in, your credit card information will be obtained and kept securely until your insurance(s) have paid their portion and notifies us of the balance due, if any. At that time, you will be sent a statement via email and your credit card will be charged within five days.
- Your ability to dispute a charge or question your insurance company's determination of payment will remain unchanged.
- By signing, I authorize Temecula Family Medicine to keep my signature and my credit card information securely on-file in my account through athenaNet (our electronic health record). I authorize Temecula Family Medicine to charge my credit card for any outstanding balances when due.
- If the credit card that I give today changes, expires, or is denied for any reason, I agree to immediately give Temecula Family Medicine a new, valid credit card which I will allow them to charge over the telephone. Even though Temecula Family Medicine is not processing the new card in person, I agree that the new card may be used with the same authorization as the original card I presented.

## Frequently Asked Questions Regarding the Credit Card on File Agreement

1. **Do I have to leave my credit card information to be a patient at this practice?**
  - a. Yes. This is our policy and it is a growing trend in the healthcare industry. Insurance reimbursements are declining and there has been a large increase in patient deductibles. These factors are driving offices to either squeeze more patients into shorter periods of time or to stop accepting insurance. We have decided to focus on becoming more efficient in our billing and collections processes instead.
2. **How much and when will money be taken from my account?**
  - a. The insurance companies on average take approximately 2 weeks to process submitted claims. Whatever the allowed amount is, your copay, coinsurance, and deductible are taken into consideration. It simply depends on your individual policy



what you may owe. Once the insurance explanation of benefits is received and posted to your account, you will be sent a statement showing your portion and your patient financial responsibility will be processed.

3. **How do you safeguard the credit information you keep on file?**
  - a. We use the same methods to guard your credit card information as we do for your medical information. The card information is securely protected by the credit card processing component of our HIPAA compliant practice management system. This system stores the card information for future transactions using the same sort of technology that any online retailer would. We can't see the card number – only the last four numbers, giving us no way to use the card outside of the billing system. There is no way to export the card information out of our system. The only way to use it is to process a payment in our practice management system.
4. **What are the benefits?**
  - a. It saves you time and eliminates the need to write checks, buy stamps or worry about delays in the mail. It also drives our administrative costs down because our staff sends out fewer statements and spends less time taking credit card information over the phone or entering it from the billing slips sent in the mail, which are less secure methods than us storing the information. The extra time the staff has can now be spent on directly helping the patients, either over the phone, with insurance claims or in person.
5. **I always pay my bills on time. Why do I have to do this?**
  - a. The entire billing process is time consuming and wasteful, and the few patients that we do have to send to a collection agency end up costing a lot of money. Reducing unnecessary costs are essential to allowing us to continue to be an in-network provider with most insurance companies. Nothing is changing about how much you end up paying.
6. **What if there is a payment discrepancy or I have other payment questions?**
  - a. Please contact our Patient Advocacy Center directly to settle payment discrepancies or for other payment questions. This policy in no way compromises your ability to dispute a charge or questions your insurance company's explanation of benefits.

## Self-Pay Agreement

### YOU HAVE REGISTERED AS A SELF-PAY PATIENT.

- This means that at the time of service you will be paying by cash, or credit card in full at the time of service.
- You are being offered a discount on services rendered in lieu of us billing any insurance.
- Please understand that in addition to the office visit charge today, **there may be additional charges for labs, x-rays, immunizations, tests, etc.** that will be due prior to treatment.
- I declare that I do not have medical insurance or I release my rights to bill insurance for this visit.
- I understand that I am financially liable for all services provided to me, my dependents, or any other person for which I have assumed responsibility.

## Notice of Privacy Practices

As required by the privacy regulations created as a result of the **HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT of 1996 (HIPAA)**.

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.

- A. OUR COMMITMENT TO YOUR PRIVACY:** Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called **PROTECTED HEALTH INFORMATION, or PHI**). In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

How we may use and disclose your PHI, your privacy rights in your PHI, and our obligations concerning the use and disclosure of your PHI:

The terms of this notice apply to all records containing your **PHI** that are created or retained by our practice. We reserve the rights to revise or amend this notice of Privacy practices. Any revision or amendment of this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current notice in our offices in a visible location at all times, and you may request a copy of our most current notice at any time.

- B.** If you have any questions, please contact **Temecula Family Medicine, 41715 Winchester Road, Suite #107, Temecula, CA 92590. (951) 501-0049**

**C. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:**

The following categories describe the different ways in which we may use or disclose your **PHI**.

1. **Treatment:** Our practice may use your **PHI** to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your **PHI** in order to write a prescription for you, or we might disclose your **PHI** to a pharmacy when we order a prescription for you. Many of the people who work for our practice



including, but not limited to, our Physicians, Physicians Assistants, Nurse Practitioners, and Nurses, may use or disclose your **PHI** in order to treat you or to assist others in your treatment. Additionally, we may disclose your **PHI** to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your **PHI** to other health care providers for purposes related to your treatment.

2. **Payment:** Our practice may use and disclose your **PHI** in order to bill and collect payments for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment if your insurer will cover, or pay for, your treatment. We also may use and disclose your **PHI** to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your **PHI** to bill you directly for services and items. We may disclose your **PHI** to other health care providers and other entities to assist in billing and collection efforts.
3. **Health Care Operations:** Our practice may use and disclose your **PHI** to operate our business. As examples, our practice may use your **PHI** to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your **PHI** to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders:** Our practice may use and disclose your **PHI** to contact you and remind you of appointments.
5. **Treatment Options:** Our practice may use and disclose your **PHI** to inform you of potential treatment options or alternatives.
6. **Health-Related Benefits and Services:** Our practice may use and disclose your **PHI** to inform you of your health-related benefits or services that may be of interest to you.
7. **Release of Information to Family / Friends:** Our practice may release your **PHI** to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to the practice for treatment of cold symptoms. In this example, the baby sitter may have access to this child's medical information.
8. **Disclosures required by law:** Our practice will use and disclose your **PHI** when we are required to do so by federal, state or local law.

#### **D. USE AND DISCLOSE OF YOUR PHI IN SPECIAL CIRCUMSTANCES:**

The following categories describe the different ways in which we may use or disclose your **Identifiable Health Information**.

1. **Public Health Risks:** Our practice may disclose your **PHI** to public health authorities that are authorized by law to collect information for the purposes of the following. However, we will only disclose the information if the patient agrees or we are required or authorized by law to disclose this information.
  - Maintaining Vital Records (such as births or deaths)
  - Reporting Reactions to Drugs or Problems with Products or Devices
  - Reporting Child Abuse or Neglect
  - Notifying Individuals of a Recall of a Product or Device they may be using
  - Preventing or Controlling Disease, Injury or Notifying Appropriate Government Agency(ies) and Authority(ies) regarding the Disability Potential Abuse of Neglect of an Adult Patient (including domestic violence)
  - Notifying a Person regarding **Potential Exposure to**
  - Notifying Your Employer Under Limited Circumstances related primarily to the  
**Communicable Disease      Workplace Injury or Illness or Medical Surveillance**
2. **Health Oversight Activities:** Our practice may disclose your **PHI** to a Health Oversight Agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings:** Our practice may use and disclose your **PHI** in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We may also disclose your **PHI** in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement:** We may release **PHI** if asked to do so by a law enforcement official.
  - Regarding a crime victim in certain situations if we are in response to a warrant, summons, court order, subpoena or simple legal unable to obtain the person's agreement process
  - Concerning a death we believe has resulted from a crime (including the location or victim(s) of the crime, or the criminal conduct description, identify or location of the perpetrator) Regarding criminal conduct at our practice In an emergency.
5. **Serious Threats to Health or Safety:** Our practice may use and disclose your **PHI** when necessary to reduce or prevent serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
6. **Military:** Our practice may disclose your **PHI** if you are a member of the U.S. or Foreign Military Forces (including Veterans) and if required by the appropriate authorities.
7. **National Security:** Our practice may disclose your **PHI** to federal official for Intelligence and National Security activities authorized by law. We also may disclose your **PHI** to Federal and National Security activities authorized by law. We also may disclose your **PHI** to federal officials in order to protect the President, other Officials or Foreign Heads of State, or to conduct investigations.



8. **Inmates:** Our Practice may disclose your **PHI** to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety of the health and safety of other individuals.
9. **Workers Compensation:** Our practice may release your **PHI** for Workers' Compensation claims and similar programs.

#### **E. YOUR RIGHTS REGARDING YOUR PHI:**

You have the following rights regarding your **PHI** that we maintain on you:

1. **Confidential communication:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a **written request** to: **Temecula Family Medicine, 41715 Winchester Road, Suite #107, Temecula, CA 92590**. You must specify the requested method of contact, or location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting restrictions:** You have the right to request a restriction in our use or disclosure of your **PHI** for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your **PHI** to only certain individuals involved in your care or the payment for our care, such as family members and friends. We are not required to agree to your request, however. If we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our disclosure of your **PHI**, you must make your **request in writing** to **Temecula Family Medicine, 41715 Winchester Road, Suite #107, Temecula, CA 92590**. Your request must describe in a clear and concise fashion: the information you wish restricted, whether you are requesting to limit our practice's use, disclosure or both, and to whom you want the limits to apply.
3. **Inspection and copies:** You have the right to inspect and obtain a copy of your **PHI** that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Temecula Family Medicine, 41715 Winchester Road, Suite #107, Temecula, CA 92590** in order to inspect and/or obtain a copy of your **PHI**. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of your denial. Another licensed health care professional chosen by us will conduct reviews.
4. **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your **request must be made in writing** and submitted to **Temecula Family Medicine, 41715 Winchester Road, Suite #107, Temecula, CA 92590**. You must provide us with a reason that supports your request for an amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask to amend information that is in our opinion: (a) accurate and complete, (b) not part of **PHI** kept by or for our practice, (c) not part of the **PHI** which you would be permitted to inspect and copy, or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of disclosures:** All of our patients have the right to request an "accounting of disclosures." This is a list of certain non-routine disclosures our practice has made of your **PHI** for purposes not related to treatment, payment, or operations. Use of your **PHI** as a part of the routine patient care in our practice is not required to be individually documented. For example, if the doctor is sharing your information with the nurse; or the billing department is using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your **request in writing** to **Temecula Family Medicine, 41715 Winchester Road, Suite #107, Temecula, CA 92590**. All requests for "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure, and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a paper copy of this notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact **Temecula Family Medicine, 41715 Winchester Road, Suite #107, Temecula, CA 92590**.
7. **Right to file a complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice contact, **Temecula Family Medicine, 41715 Winchester Road, Suite #107, Temecula, CA 92590**. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. **Right to provide an authorization for other uses and disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your **PHI** may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your **PHI** for the reasons described in the Authorization. Please note: we are required to retain records of your care.

If you have any questions regarding this notice of your health information privacy policies, please contact:

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