



Kristen Lee, MD
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(907) 260-4468 • fax (907) 260-4467
www.upstreamfamily.org

Patient Financial Policy

Thank you for choosing Upstream Family Medicine as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is part of that relationship. Please ask if you have questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. name, address, insurance information, etc.).

Payments

The patient is expected to present a current insurance card at each visit, or ensure a current insurance card is on file. All past due balances are due at time of check-in unless previous arrangements have been made. We accept cash, check, Visa, or Mastercard. Absolutely no post-dated checks will be accepted.

Insurance Claims

Insurance is a contract between you and your insurance company. In most cases, we are NOT a party of this contract. We will bill your insurance company as a courtesy to you. In order to properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If we are not in network with your insurance, you agree to pay any portion of the charges not covered by insurance, including, but not limited to, those charges above the usual and customary allowance.

Self-Pay Accounts

Self-pay accounts are patients without insurance coverage, or patients without a current insurance card on file with us. Liability cases will also be considered self-pay accounts. We do not accept attorney letters or contingency payments. It is always the patient's responsibility to know if our office is participating (in network) with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Self-pay patients are required to provide full payment at time of service, unless prior arrangements have been made. As a courtesy to our self-pay patients, we do offer a 40% discount on most services. Please ask your provider before receiving care if the services you will be receiving qualify for the discount. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

Motor Vehicle Accident (MVA) and Third Party Billing

We do not do any third party billing. Our relationship is with you and not with the third party liability insurance (auto, homeowner, etc.). It is your responsibility to seek reimbursement from them. However, at your request, we will submit a claim to your primary health insurance carrier. You may receive an accident questionnaire from them to be completed by you. If the questionnaire is not returned to your medical insurance company and/or we receive a denial on your claim, you are responsible for payment in full.

Workers' Compensation

It is the patient's responsibility to provide our office staff with employer authorization/contact information regarding a workers' compensation claim. If the claim is denied by the workers' compensation insurance carrier, it then becomes the patient's responsibility. At your request, we will submit the claim to your primary medical insurance carrier with a copy of the workers' compensation insurance denial. If your primary medical insurance carrier's claim is denied, you will be responsible for payment in full.



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Missed Appointments

Upstream Family Medicine requires 24-hour notice of appointment cancellation. Appointments missed that were not previously canceled may be charged a fee of \$25.00. This fee is the patient's full responsibility and is due in full at time of check-in of any further appointments, unless prior arrangements have been made.

Returned Checks

The charge for a returned check is \$35 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

Minors

The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors.

Outstanding Balance

It is our office policy that all past due accounts be sent to collections after 6 months without reasonable regular payments. If regular payment of a reasonable amount is not made on the account, a single phone call will be made or letter will be sent to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency, and the patient may be discharged from the practice. No further appointments will be made until the account is paid in full.

In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees and court costs.

Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party.

This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us.