



## FINANCIAL POLICY

*Effective 01/01/2024*

1. **Copayments.** All copays are collected at the time of service. If you are unable to pay your copayment, you may be asked to reschedule your appointment.
2. **Insurance.** By providing your insurance information, you are granting authorization for WWFP to release medical information to your insurance carrier for payment purposes. WWFP will submit claims to the insurance company(s) we have on file. Failure to provide correct insurance within 30 days of the date of service may result in the full charges being billed to the patient or responsible party.
3. **Deposit for Services.** Services provided may result in a deposit before the service can be scheduled.
4. **Third-Party Billing.** You may receive billing from third parties for services that we cannot provide in-house, including, but not limited to: LabCorp, Heartland Pathology, BDX Solutions, and ColoGuard. Questions regarding third-party invoices should be directed to the phone number on the invoice.
5. **Good Faith Estimate.** Individuals who qualify have the right to receive a Good Faith Estimate. Under the law, WWFP will provide patients who don't have certain types of health care coverage or who are not using certain types of health care coverage an estimate of their bill for health care items and services before those items or services that are to be provided.
6. **Self-Pay.** If you do not have current health insurance coverage, or the service is not a covered benefit, you will be responsible for a \$100 payment at the time of service to be applied to the cost of services received. If you are unable to pay \$100, you may be asked to reschedule your appointment. This is a payment toward the cost of services, not the full cost of services, and any remaining balance will be billed. The balance for services will need to be paid in full before your next appointment.
7. **Workers Compensation.** Services related to a workplace injury must be filed with your employer or their worker's compensation insurance carrier. Claim number, claims mailing address, and contact information for an adjuster or Human Resources representative must be provided. Failure to provide necessary information may result in the full charges being patient responsibility.
8. **Motor Vehicle Accident.** Services related to a motor vehicle accident must be filed to the patient's auto insurance regardless of the at-fault party according to Kansas regulations. Motor vehicle accidents include any injury incurred with a motor vehicle involved. Auto insurance carrier, claim number, claims mailing address, and contact information for claims adjuster or Insurance Agent must be provided. Failure to provide necessary information may result in the full charges being patient responsibility.
9. **No Show Appointments.** No Show Appointment fees are not covered by insurance and are patient responsibility. For more information please review the Appointment Policy.
10. **FMLA/Disability Forms and Other Paperwork.** A minimum fee of \$20 will be charged to the patient for completing FMLA, disability, or other similar paperwork. This fee will not be covered by your insurance and is patient responsibility.
11. **Forms of Payment.** WWFP accepts cash, check, Visa, MasterCard, Discover, and American Express. A fee of \$20 will be charged on returned checks.
12. **Patient Statements.** Patient statements will be generated after WWFP has received payment from your insurance company. Payment in full is due within 30 days of the statement date. Other methods of communication, including but not limited to, email and text messages, may be used to contact a patient regarding their balance. Patients are automatically opted-in for voice messages, text messages, and email reminders regarding their balance. To opt out, please provide verbal or written notice to a WWFP receptionist or the business office.

13. **Patient Payment Plan Agreement.** If you are unable to pay the current balance in full, you have options available. There is no minimum balance required to qualify for a payment plan. A Payment Plan Agreement can be set up by contacting the business office at 316-722-6260.
14. **Partial Payments.** Partial payments will be accepted and applied to the account starting with the oldest date of service, partial payments are not considered an agreed-upon payment plan. Partial payments do not delay the collection process.
15. **Non-Payment and Collections.** A Patient Payment Plan Agreement, as outlined above, is necessary to delay any collection activity. Failure to pay your account balance in full within 60 days or defaulting on a Patient Payment Plan Agreement may result in a collection of payment by a third-party collection agency. If this occurs, the balance held with the collection agency will need to be paid in full before you can schedule an appointment or receive services provided by WWFP or its affiliates, including West Wichita Minor Care Clinic and West Wichita Surgery Center.
16. **Family Accounts.** Each patient has their own unique patient account number. Payment must be made on each patient account per the Financial Policy.
17. **Financial Hardships.** WWFP does not desire any of our services to put a financial strain on an individual or family. For those suffering financial hardship, we recommend seeking healthcare services at one of the available clinics that offer free or reduced-cost healthcare and very low-cost medications, such as GraceMed, HealthCore Clinic, Hunter Health, and Guadalupe Clinic. Patients may also seek assistance through Project Access. Additional information for Project Access, a program offered by the Central Plains Health Care Partnership, can be found at <https://centralplainshealthcarepartnership.org/project-access/>.

For questions or more information about this financial policy please call the business office at 316-722-6260.

---

Patient Name (Print)

---

Date of Birth

---

Patient/Responsible Party (Signature)

---

Date