

# OFFICE & FINANCIAL POLICIES

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**Primary Care**

## Our Commitment

At Wellness Bay Primary Care, we're dedicated to providing exceptional, unrushed care and maintaining transparency in every aspect of your visit. Please review the following office and financial policies carefully.

If you have any questions, our Practice Manager will be happy to assist you.

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## Financial Policy Acknowledgement

All payments are due at the time of service. This includes copays, deductibles, and coinsurance.

If we participate with your insurance, we'll file claims on your behalf and collect only the estimated patient responsibility. Once your insurer processes the claim, any overpayment will be refunded or any balance billed to you.

### Your responsibilities:

- Notify us promptly of any insurance or contact changes.
- Understand your benefits, deductibles, and copays.
- Provide valid insurance and photo ID at every visit.

Your insurance policy is a contract between you and your insurer. We verify coverage in good faith, but payment is ultimately determined by your insurance. Denied claims become the patient's responsibility.

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## Appointment Deposits

- **High-deductible plan holders** (or deductibles not yet met):
  - \$150 deposit for new-patient appointments
  - \$100 deposit for follow-up visits  
(Alternatively, you may keep a credit card securely on file.)

After insurance processing, any overpayment will be refunded or any remaining balance billed accordingly.

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## Uninsured / Self-Pay Patients

Patients without insurance are required to pay in full **at the time of service:**

- **New-patient visit:** \$195
- **Follow-up or sick visit:** \$165

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## Accepted Forms of Payment

We accept **cash, debit cards, Visa, MasterCard, Discover, American Express, and personal checks.**

Returned checks incur a **\$35 fee.**

Balances are due within **30 days** of statement date.

### Late Fees:

- 30 days – \$25 administrative fee
- 90 days – 15% administrative fee, **plus any collection-agency fees incurred by the patient**

If you experience financial hardship, please contact our billing team before your account becomes delinquent to arrange a payment plan.

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## Convenient Auto-Payment (Card on File)

You may securely store a credit/debit card on file for automatic payment of copays and remaining balances once insurance has processed the claim. You'll receive **email notification at least 5 days in advance** before any charge.

This helps avoid late fees and simplifies billing.

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## Third-Party Payers

We do **not** bill third-party payers such as:

- Personal Injury Protection (PIP), Motor-vehicle accident claims or Attorney or liability cases

Payment for these services is due in full at the time of service.

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## Missed, Cancelled, and Rescheduled Appointments

Every appointment reserves dedicated time with the provider. When appointments are missed or cancelled late, that time can't always be offered to another patient who needs care.

To ensure fairness and access for all:

- Provide **at least 24 hours' notice** to cancel or reschedule.
- **Same-day cancellations** are considered **no-shows**.
- A **\$50 fee** applies for any missed or same-day-cancelled appointment.
- **Three (3)** no-shows or **repeated last-minute cancellations** within a year may result in dismissal from the practice.
- **Three (3)** reschedules within a year count as **one (1)** no-show.

We value your time and cooperation — please contact us early if you need to adjust your appointment.

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## Preventive vs. Problem-Based Visits

Insurance coverage for **annual physicals or wellness exams** typically includes preventive services such as screenings, vaccines, and general health counseling at no cost.

However, if during your visit we address **specific medical issues**, insurance rules require that portion to be billed separately as a **problem-oriented visit**.

Examples include:

- Managing **chronic conditions** (diabetes, high blood pressure, arthritis, etc.)
- Discussing **new symptoms or concerns** such as pain, fatigue, or elevated blood pressure
- Requesting **medication refills or dose changes**
- Reviewing or discussing **lab results** or ordering labs for active medical issues

In such cases, your visit may generate **two charges**:

1. The **preventive (annual)** exam — usually fully covered.
2. The **problem-based** portion — which may be subject to copay, deductible, or coinsurance.

These rules are determined by insurers (Medicare, BCBS, Aetna, Cigna, UnitedHealthcare, etc.), not by our office. We follow these regulations to ensure accurate, transparent billing.

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## Medication Refill & Follow-Up Safety Policy

To ensure your safety and comply with Texas medical and regulatory standards, patients who take **regular prescription medications** must be seen for follow-up visits every **3 to 6 months**, depending on their condition and treatment plan.

These visits allow us to:

- Monitor medication effectiveness and side effects
- Review labs when necessary
- Ensure your treatment remains safe and appropriate

For **new or acute symptoms**, a patient must be evaluated **with a provider visit** before **antibiotics, steroids, or other medications** can be prescribed.

This helps us ensure that the treatment is appropriate, safe, and tailored to your current condition.

We truly care about your health and want every prescription to be based on a clear understanding of your needs. Following these steps helps us provide you with the safest and most effective care possible.

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## Forms & Administrative Fees

- Insurance, school, or disability forms — \$5

- Expedited (24–48 hour) processing — \$10
  - FMLA forms — \$25
- Fees must be paid prior to completion. Please allow **5–7 business days** for standard processing.
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### **Termination of the Physician–Patient Relationship**

We value every patient relationship. However, the relationship may be discontinued for:

- Repeated no-shows or late cancellations
- Non-compliance with medical recommendations
- Abusive or disrespectful behavior
- Failure to pay balances or maintain a payment plan
- Transfer of records to another provider

Written notice will be provided, and emergency care offered for a reasonable transition period.

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### **Acknowledgment of Office and Financial Policies**

I have read, understood, and agree to comply with the above policies of Wellness Bay Primary Care.

\_\_\_\_\_ **Patient Name**

\_\_\_\_\_ **Patient Signature**

\_\_\_\_\_ **Date**