



## Sparks Family Medicine, LTD.

653 Town Center Drive, Suite 514  
Las Vegas, Nevada 89144

Tele: (702) 243-2689

Fax: (702) 243-2632

### Financial Policy Agreement

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Sparks Family Medicine, Ltd. accepts payment in the form of cash, check, Visa and Master Card. Sparks Family Medicine, Ltd. requires payment when services are rendered. Patients covered by an insurance plan with established patient responsibility are responsible for payment prior to being seen. Patients with patient responsibility based on charges will be required to pay after receiving services. Sparks Family Medicine, Ltd. reserves the right to refuse care to patients with outstanding patient responsibility until this financial obligation is met. Sparks Family Medicine is not an urgent care or emergency care facility.

Sparks Family Medicine will submit a claim for services rendered based on the **insurance company on file** for the patient. If the insurance company on file does not process the claim, we will resubmit the claim one time. If the insurance company requests information from the insured, please submit this information as soon as possible. After two claims have been submitted to the insurance company on file, any outstanding balance will be billed to the responsible party. After two patient statements, any outstanding balance will be turned to a collection agency. A credit card may be kept on file with Sparks Family Medicine to avoid collection fees.

Sparks Family Medicine charges the following fees **that will be added to the patient's account balance**. These fees may be amended as clearly displayed in the patient waiting room.

1. A \$25 fee for all returned checks.
2. **A collection fee of 35% of the outstanding balance with a \$20 minimum fee.**
3. Sparks Family Medicine reserves the right to charge a missed appointment fee of \$25.

#### Summary of billing process:

1. We will file an insurance claim for services provided or collect payment at time of service.
2. The insurance company on file is required to make a prompt payment to our office.
3. You will receive an Explanation of Benefits from the insurance company showing the balance owed to our office, (if any).
4. We will attempt to send the responsible party two statements showing the outstanding balance. If a statement is returned as undeliverable, the account will be turned to a collection agency with a collection fee of 35% of the outstanding balance with a \$20 minimum fee.
5. Any outstanding balance will be charged to a credit card on file or turned to a collection agency with a collection fee of 35% of the outstanding balance with a \$20 minimum fee.

**Please read the back side of this Agreement containing Obligations of Sparks Family Medicine LTD and Obligations of the Responsible Party. Signature below indicates acceptance and understanding of the obligations stated.**

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**Patient or Responsible Party Signature and Date**

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**Printed Name of Patient**

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**Printed Name of Responsible Party**

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**Relationship or Authority to Patient**



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### **Obligations of Sparks Family Medicine, LTD.**

Sparks Family Medicine, Ltd. is responsible for charging “normal” fees for services rendered based on the level of service provided. Sparks Family Medicine, Ltd. providers are responsible to the best of their ability for providing diagnosis codes in support of the services provided. Sparks Family Medicine, Ltd. providers shall not change or alter a level of service code, procedure code or diagnosis code in an attempt to facilitate the processing of a claim by an insurance company, as this is insurance fraud. Sparks Family Medicine, Ltd. providers may correct coding errors as they deem necessary.

Sparks Family Medicine, Ltd. is responsible for correctly filing claims to the insurance company on file. If Sparks Family Medicine, Ltd. does not correctly file claims to the insurance company on file, Sparks Family Medicine, Ltd. will not hold the responsible party responsible for the insurance responsibility, though the patient responsibility will remain.

Sparks Family Medicine, Ltd. is responsible for submitting error-free insurance claims for service rendered with the insurance company on file. Sparks Family Medicine, Ltd. will resubmit insurance claims as necessary to ensure an error-free claim. **Sparks Family Medicine, Ltd. is not responsible for claims incorrectly processed by insurance companies, claims not processed due to an unfulfilled request to the insured for additional information, or any pended claims.**

Sparks Family Medicine, Ltd. is responsible for sending two statements to the responsible party at the address on file. For insured patients, these statements augment the explanation of benefits insurance companies are required to provide showing patient responsibility. For uninsured patients and patients who do not maintain current personal information, these statements are notification of the balance that should have been paid at the time of service. If the responsible party questions the balance due on a statement, they should contact their insurance company.

### **Obligations of Responsible Party**

The responsible party is financially responsible for all charges made to the patient’s account whether or not an insurance company is involved in payment. The responsible party is responsible for all co-payments, co-insurance, non-covered supplies and services, and yearly deductibles. The responsible party is also responsible for collection fees, legal fees and other fees incurred by Sparks Family Medicine, Ltd. in efforts to receive payment of financial obligations for services rendered.

The responsible party is responsible for providing proof of current insurance coverage and photo identification at the time of service if Sparks Family Medicine, Ltd. is to submit insurance claims to an insurance company. The responsible party will be responsible for charges incurred if current insurance coverage is not correctly established at the time of service.

The responsible party will be responsible for establishing the participation of the providers of Sparks Family Medicine, Ltd. with their insurance company. Most insurance companies furnish a provider directory that lists providers contracted with each health plan. If Sparks Family Medicine, Ltd. or its providers are not listed in the provider directory, the insurance company’s service department should be called to ensure participation of Sparks Family Medicine, Ltd. **before services are rendered.** If an insurance company requires the designation of a primary care physician, the responsible party should designate a provider at Sparks Family Medicine, Ltd. in order for charges to be processed by an insurance company.

The responsible party is responsible for updating any changes in personal information--including insurance coverage--in order to facilitate the timely filing of all insurance claims. The responsible party is responsible for responding to requests for additional information from an insurance company in a timely manner. Failure to update personal information at the time of service or failure to provide additional information to an insurance company will result in the responsible party being charged for services rendered.

The responsible party is responsible for facilitating the processing of insurance claims by providing information requested by insurance companies, contacting insurance companies to resolve incorrectly processed claims, and monitoring the processing of insurance claims. Insurance companies are required to send an explanation of benefits for every claim submitted to them. Sparks Family Medicine, Ltd. will submit a claim within 30 days of service. If the responsible party does not receive an explanation of benefit within 90 days, they should contact the insurance company and then contact Sparks Family Medicine, Ltd. as necessary.