

Your Billing Rights – Keep this Notice For Personal Use

This notice contains important information about your rights and our responsibilities under The Fair Credit Billing Act.

Notify Us In Case of Errors or Questions About Your Bill

If you think your bill (statement) is wrong, or if you need more information about a transaction on your bill, write us (on a separate sheet) at the address listed on your bill. Write us as soon as possible. We must hear from you no later than 60 days after we sent you the bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

Your Rights and Our Responsibilities After We Receive Your Written Notice.

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill was correct.

After we receive your letter, we can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we did not make a mistake, you may have to pay finance charges and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

MANAGED CARE INSURANCE:

Highland Clinic has agreements with many Managed Care Insurance Companies and will abide by the agreement including Billing and Collecting. The patient will be responsible for any co-pays, deductibles or non-covered services as directed by their Managed Care Plans.

It is the patient's responsibility, before making an appointment, to confirm with your Managed Care Carrier as to whether or not Highland Clinic physicians are providers and/or In-Network providers for their plan. The patient will be responsible for payment of their services if Highland Clinic physicians are not providers or In-Network providers for their plan.

COMMERCIAL INSURANCE:

As a courtesy to our patients, Highland Clinic will file your insurance claims. Accurate insurance information and a copy of the insurance card must be supplied by the patient. Although every attempt is made to help patients with filing for insurance benefits, **the patient has final responsibility for payment of services rendered.** When your account has been paid in full, if an over payment occurs, Highland Clinic will refund the patient or the insurance company within a reasonable length of time.

Services are payable upon date performed or upon receipt of monthly statement if credit has been established. If extended terms are required on larger balances, the Credit Office will establish a payment schedule. For your convenience, we accept VISA and MASTERCARD and DISCOVER.

In the event it becomes necessary to refer the account to an attorney or outside collection agency, you hereby agree to pay attorney fees of no less than 33.33% of the amount due together with all court costs and judicial interest.

HIGHLAND CLINIC'S CREDIT POLICY:

Once your insurance payment has been applied to your account, the remaining balance is due upon receipt of your statement. If you do not have health insurance, payment is due at the time of your visit unless prior arrangements have been made with your attending physician. These arrangements, if any, are also based on the individual physicians.

Patient Responsible Balances Payment Schedule

\$1.00 to \$100.00	Payment in full due upon receipt of statement
\$101.00 to \$300.00	Payment due in 2-3 months (\$100.00/mo)
\$301.00 to \$500.00	Payment due in 3-5 months (\$100.00/mo)
\$501.00 to \$1000.00	Payment due in 5-10 months (\$100.00/mo)
\$1001.00 to \$5000.00	Payment due in 10-20 months
Greater than---\$5000.00	Payment due in 20 months or Board of Directors approval if more than 20 installments

Accounts that remain unpaid after 4 months (120 days) will be placed with a third party collection agency. You may be required to pay your collection account in full before receiving any further services with particular physicians at Highland Clinic.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell you the name of anyone we report you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we do not follow these rules, we cannot collect the amount in dispute or any related finance charges up to \$50.00, even if your bill was correct. If you have any questions about this notice or any aspect of the statement, please let us know.

FINANCE CHARGE: The Finance Charge is computed at a periodic Rate of 1 ½ % per month which is an Annual Percentage Rate of 18% applied to the 90 day balance after deducting payments and credits appearing on this statement. For balances less than \$50.00 there will be a minimum Finance Charge of 50¢.

NEW PATIENTS

Patients new to Highland Clinic or its satellites, may be required to pay up to \$75.00 of the initial office visit, plus all of the lab and x-ray services up to \$150.00 at the time of service. The balance of the services will be billed to the patient on a credit basis, and is due and payable upon receipt of **statement**.

If you have any further questions regarding Highland Clinic's credit policy please feel free to contact us at (318)798-4500 and ask for a patient representative.

Nondiscrimination statement- Highland Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Language Assistance Available	Español	Français	Tiếng Việt	繁體中文	تعبیر عربی
	Tagalog	한국어	Português	ភាសាខ្មែរ	日本語
	أرئو	Deutsch	یسراف	Русский	ภาษาไทย

