

# Wayzata Children's Clinic – Billing and Collection Policy<sup>1</sup>

#### Overview:

Any discussion of medical treatment in the United States must also include a discussion of payment for those services. It is the policy of Wayzata Children's Clinic not to allow inability to pay some or all the cost of our services to interfere with your child obtaining the care they need. It is for that reason that we accept most insurance plans available in the communities we serve. Regarding any portion of our fees not covered by your family's insurance, we will work with you to craft a solution that allows you to make payments with the least possible impact on your family's finances. In return, we ask that you make and continue to make good faith efforts to pay in accordance with the payment plan we agree upon.

#### 1. Cost of Treatment:

You are entitled to know ahead of time the cost of the treatment services that are expected to be provided at your visit. Our website lists the cost of the 25 most frequently billed services we provide. It can be found at **www.wcclinic.org** under "Billing and Payments  $\rightarrow$  Price Transparency". A copy is also available at the front desk of each of our clinics. Upon written request submitted through the Patient Portal at least seven (7) days before your scheduled appointment, we will provide you with a written estimate of the anticipated services and fees for your visit. You can then check with your insurance company to get an estimate of covered services and reimbursements. **NOTE**: This estimate may differ from the actual charges incurred, depending upon additional services provided or testing done during the appointment.

#### 2. Insurance:

If you are covered under a medical insurance plan that we accept, we will bill the insurance plan in accordance with the information you provide to us (usually in the form of making a copy of your insurance card) and running what is known as an "eligibility check" before you see you provider to ensure that the insurance is still in effect. This is to ensure that you do not find out after the fact that you are personally responsible for the full cost of the visit.

You are responsible for any amounts not paid for by your insurance plan. These include copayments, deductibles, non-covered services, out-of-network and all other amounts not covered by insurance. You are expected to pay any co-payment at the time of the visit.

#### 3. Statements and Payment Terms:

We send billing statements to you monthly after your insurance provider lets us know what portion of the fees billed will be covered under your policy. The remaining balance is your responsibility and should be paid within thirty (30) days of the statement date. If you are unable to pay the amount due by the due date, please contact our business office at 952-230-9740 to set up an acceptable payment plan.

<sup>&</sup>lt;sup>1</sup> As of October 1, 2024, pursuant to Minn. Stat. 62J.806, a policy for collecting medical debt must be made available to the public by (1) being posted on the provider's website, and (2) being provided to any individual who requests a copy. The Act's specific requirements for this policy is that it "must at least specify the procedures followed by the health care provider to: (1) communicate with the patients about the medical debt owed and collecting medical debt; (2) refer medical debt to a collection agency or law firm for collection; and (3) identify medical debt as uncollectible or unsatisfied, and ending collection activities." (Minn. Stat. 62J.806).

# 4. Billing Error Review:

If you believe that your bill is not accurate, that a third party should pay for part or all of the bill, or if you have other concerns about your bill, please contact our business office at 952-230-9740 to discuss the matter. If you notify us of a billing error, or we otherwise determine that there is a billing error, we will review the bill and correct any billing errors found. While the review is being conducted, we will not bill you for the health treatment or services that are the subject of the review. We may resume billing you only after (a) the review is complete, (b) any billing errors are corrected, and (c) a notice of completed review is transmitted to you. If, after completing the review and correcting any errors we determine that you overpaid us, we will refund the amount overpaid within thirty (30) days after completing the review.

# 5. Medical Debt Owed and Collected:

If there is an outstanding balance, we will send you statements identifying the amount owed. If you are having difficulty paying your balance, we encourage you to contact our business office at 952-230-9740 about your account. Our business office staff will help you with questions and concerns, and work with you on a payment plan and other reasonable options to help you pay your balance.

## 6. <u>Referral to a Collection Agency or Law Firm</u>:

In certain cases where the terms of a payment arrangement or terms of our billing and collection policy have not been met, we may refer this matter to a collection agency or a law firm. Your medical debt will not be reported by us to a consumer reporting agency or credit bureau.

## 7. Ending Collection Activities:

We review accounts periodically to confirm the status of any debts, and to identify uncollectible or satisfied debts. We will end collection activities once a debt is identified as satisfied or uncollectible, in accordance with our arrangement with the collection agency or law firm to which it has been referred. Our business office staff will provide updates regarding the status of your account upon your request.

## 8. Outstanding Debt:

We will not deny medically necessary health treatment or services to you or any member of your family because of current or previous outstanding medical debt owed to us by you or any member of your family or household. However, we may require you to enroll in a payment plan for the outstanding medical debt owed to us as a condition of receiving that treatment or services. The payment plan will consider any information you provide to us regarding your ability to pay. If you are unable to make all or part of the agreed-upon installment payments under any such payment plan, you must communicate your situation to us and you must pay an amount you can afford. We may seek other legally permitted remedies in the event of your failure to abide by the payment plan terms.

## 9. Legal Requirements:

When collecting medical debt, we will comply with all applicable requirements of law (which may include the Minnesota Debt Fairness Act, the federal Fair Debt Collection Practices Act, HIPAA and Minnesota privacy laws).

## 10. Contact:

If you have any questions about this policy, or our billing and collection process, please contact our business office at 952-230-9740.