Wood Family Medicine

Dr. Mathew Wood

2108 Lumber Ave. STE 6

Wheeling, WV 26003

(304)780-6958

I, _____ give WOOD FAMILY MEDICINE permission to send and receive my health and billing information via: □ phone, □ voicemail, □ email and □ mail.

How would you like to receive information from Wood Family Medicine? Please choose from the options below.

□ I authorize Wood Family Medicine to leave only a message instructing me to return a call to the physician's office.

□I authorize Wood Family Medicine to leave a detailed message, including test results, appointment details and other medical information.

I understand that I have the right to withdraw my authorization at any time upon written notification by certified mail.

Signature X: _____ Date: _____

Witness X: _____ Date: _____

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Financial Policy

Thank you for choosing Wood Family Medicine as your health care provider. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our FINANCIAL POLICY, which we require you to read and sign prior to any treatment,

If you are a self-paying patient, full payment is due before services are provided. We accept cash, check and cards. (There will be a $25 fee for all returned checks and future check writing privileges will be revoked).

Regarding Insurance

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Therefore, we require full payment at the time of service unless we have a written agreement with you or your insurance. It is YOUR responsibility to bring your insurance card with you at EVERY visit. We may call to verify coverage and to check to see if you have a copay and/or deductible but PAYMENT IS DUE THE DAY OF SERVICE.

Regarding Insurance plans where we are a participant provider

It is your responsibility to know if our Nurse Practitioner Whitney O'Brien is a participating provider and is covered in your insurance network and covered under your plan.

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Medicaid

We accept WV Medicaid only. You are REQUIRED to present your current medical card at EACH visit, if you do not you are considered uninsured, cash paying patient. If your plan is an HMO Dr. Wood must be listed primary care provider for you to be treated.

Suits, Civil Divorce Decrees

If another party is liable for your bill or the bill of your minor and you are the person signing for permission of treatment, you will be responsible for charges. We can not act as a go-between in these difficult cases.

Collections

If a previous account has been turned over to collections, we CANNOT extend your credit again. If you have a previous balance that has not been paid, payment of the balance in FULL must be paid before you can be seen.

I have read, understand, and agree to this Financial Policy. I also authorize to the billing department to contact me directly regarding any balance owed.

Signature X: _____ Date: _____

Witness X: _____ Date: _____

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Co-payment Agreement

Copayments are a contractual obligation with your insurance company. You are required to pay your copayment, and we are required to collect your copayment at the time of EACH visit.

If you advise us you are unable to make your copayment at the time of your appointment you will be required to reschedule said appointment.

In the case of an unaccompanied minor, it is the parent's responsibility to pay the copayment at the time of appointment. The parent is aware the minor should come to each visit prepared to pay the copayment at time of visit. Payment can be made by using cash, check, or card.

By signing below, you acknowledge and agree to the above terms.

Patient Signature X:_____ Date: _____

Parent Signature X: _____ Date: _____

Child's Name X: _____

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Receipt of Notice of Privacy Practices Written Acknowledgement Form

Patient Name: _____ Birthdate: _____

Wood Family Medicine has offered me a Notice of Privacy Practices and I understand that if I have any questions about this notice I may contact one of the Privacy Officers at Wood Family Medicine.

Signature X: _____ Date: _____

Patient Authorization for Use and Disclosure of Protected Health Information

I herby authorize Wood Family Medicine to use and/or disclose any and all Protected Health Information about me to the following persons:

_____ _____ _____

Signature X: _____ Date: _____

Witness X: _____ Date: _____

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As a patient, it is in your best interest to know and understand your insurance plan benefits and coverage rules. You may have different deductibles, co-insurance, or copayment amounts depending on your contract with your insurance company.

Also, not all services are covered in all insurance contracts. If your insurance plan benefits does not cover a service or procedure you will be held personally responsible for payment of these charges incurred at our office, hospital or for outpatient testing. For example, your plan may not cover yearly preventative visits or screening laboratory tests, IT IS YOUR RESPONSIBILITY TO KNOW THIS, AND TO INFORM THE DOCTOR. It is impossible for our staff to know what each insurance plan covers. We want to provide you with excellent medical care, while helping you to maximize your insurance benefits.

In today's medical climate, insurance fraud regulations prohibit the changing of codes once a service is billed. Please inform us ahead of time if you know that a particular service is not covered. To find out your insurance benefit plan coverages and what your financial obligation may be, call the member services phone number on the back of your insurance card or check your insurance manual.

I have read and understand that it is my responsibility to know and inform staff of what my insurance coverages are. I fully understand that I am financially responsible for any and all charges not paid by insurance. I understand that once my insurance is billed it is unable to be changed.

Signature X: _____ Date: _____ Witness: _____

EFFECTIVE IMMEDIATELY

If you have any outstanding balance owed to WOOD FAMILY MEDICINE, over 30 days, we will purse legal action which could include garnishing your wages and sending your account to collections to resolve the matter. You will be discharged from the practice.

Dr. Wood