



10519 165th Street W
Lakeville, MN 55044
P: 952.248.2720
F: 888.286.9823

Policies and Consent to Treatment

Welcome to Minnesota WellCare! We look forward to addressing your needs and working with you to create a treatment plan that achieves your goals. We encourage your questions and participation in all aspects of your care. This document is comprised of three sections: 1) office policies and financial agreement, 2) HIPAA privacy policy, and 3) consent to treatment. Please make sure to read through this document in its entirety and insert your signature at the bottom. A written copy of our policies may be found online at www.minnesotawellcare.com. You may also request a printed copy in clinic during operating hours.

1. OFFICE POLICIES & FINANCIAL AGREEMENT

The policy of Minnesota WellCare is to collect all payments or insurance information at the time services are rendered. For your convenience we accept cash, check, VISA, American Express or Mastercard (including HSA). We will bill all insurance companies that we are contracted with.

Health insurance is a contract between the client and their insurance provider. Your policy may or may not cover claims made by this office, and some services provided by our providers may be covered at different plan benefit levels. Claims may not be submitted with different codes if they have been denied due to lack of coverage.

It is your responsibility to verify coverage and benefits with your insurance company prior to your first office visit, and to know the limits and exclusions of your insurance coverage. We submit insurance claims as a courtesy to our clients. All charges and outstanding balances are ultimately the client's responsibility. If we do not receive payment from insurance within 90 days, the account will be due in full by the patient.

You may be charged \$75.00 for any missed appointments without 24 hour notice, this allows us to schedule someone else within this time frame. We understand life happens, please call when you know you won't make it to your appointment to reschedule. Your insurance can not be billed for missed appointments.

Payment is due at time of service. It is your responsibility to provide current insurance information to our office at the time of service. A rebill charge of \$5.00 will be added if claims need to be resubmitted to the correct insurance company. Co-pays are due at time of service.

If payment is not received after 90 days, the account will be charged an interest rate of 9.75% on the outstanding balance. If there is still no payment after another 60 days, the account will be sent to collections. We can work with you on a payment plan, if needed. Contact billing at 952-248-2720.

It is your responsibility to verify coverage with your insurance for a telehealth visit such as phone or video. Telehealth visits are billed at the same rate as in-office visits.

If your account is 90 days past due and/or your outstanding balance is \$600.00 or more your provider will be unable to refill prescriptions and/or schedule follow-up appointments until payment is made, or a payment plan has been set-up. The account will be charged an interest rate of 1% (12% annually). If your account is 180 days past due, it is subject to collections procedures and/or small claims court and the you agree to be held financially responsible for all associated costs including reasonable attorney fees, collections, and court fees. We can work with you on a payment plan, if needed. Please contact our billing department at 952-248-2720.

If you miss three or more appointments, including cancelling within less than four hours' notice, Minnesota WellCare may choose to not fill your prescriptions and/or terminate your treatment.

There are certain situations in which Minnesota WellCare can involuntarily discharge a patient from care. This includes but is not limited to: threatening behavior towards staff or patients, abusing or selling prescription medications, obtaining similar medications from other providers, non-disclosure of regularly prescribed controlled substances, and/or inability to pay for appointments (payments over 90 days past due).

2. HIPPA NOTICE OF PRIVACY PRACTICES

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We follow HIPAA guidelines for your protection and you have the right to your medical information. You can read more about your privacy rights at <https://www.minnesotawellcare.com/policies-forms-and-documents>.

Minnesota WellCare may use or disclose your Protected Health Information (PHI) for treatment, such as when your provider coordinates care with your primary care provider, or therapist. We will only do this after receiving your consent.

Minnesota WellCare may use or disclose your Protected Health Information (PHI) for payment, such as when we disclose necessarily PHI to your health insurer to determine eligibility for services or obtain reimbursement for services rendered.

Minnesota WellCare may use or disclose your Protected Health Information (PHI) for health care operation purposes such as audits, quality assessments and improvement activities.

Minnesota WellCare may use or disclose your Protected Health Information (PHI) without consent if we believe a child is or has been neglected or physically or sexually abused in the past three years. Your provider is legally mandated to report this.

Minnesota WellCare may use or disclose your Protected Health Information (PHI) without consent if we believe a vulnerable adult is or has been maltreated. Your provider is legally mandated to report this.

We are required by law to maintain the privacy of our patients and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our staff members in person or by phone at our main phone number.

3. Communication

Consent to Telephone Calls, Email or Text Message for Financial Communications. I authorize the use of any email address or land/cellular telephone number I provide for receiving information relating to my financial obligations, including, but not limited to, payment reminders, delinquent notifications, instructions and, links to Patient billing information. I agree that, in order for you, or your EBO Servicers and collection agents to service my account or to collect any amounts I may owe, I expressly agree and consent that you or your EBO Servicer and collection agents may contact me by telephone, on a recorded line, at any telephone number I have provided or you or your EBO Servicer and collection agents have obtained or, at any number forwarded or transferred from that number, regarding the services rendered, or my related financial obligations. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

4. INFORMED CONSENT AND REQUEST FOR TREATMENT AT MINNESOTA WELLCARE

You have the right to be informed about your health condition(s) and recommended treatment. This disclosure is to help you become better informed by discussing the potential benefits, risks and hazards involved. I consent to examination and treatment at Minnesota WellCare, LLC. Your provider will only prescribe medications and other treatment modalities if they believe that they are in the best interest of the client.

By signing and submitting this form I acknowledge that I have been provided ample opportunity to read this document or that it has been read to me. I understand the above-stated office policies and the financial agreement with Minnesota WellCare LLC and will comply with them in all respects. I acknowledge that I have read the Notice of the Privacy Practices. Lastly, I understand all of the above and give my written consent to the evaluation and treatment to cover the entire course of treatments for my present condition and any future conditions for which I seek treatment.

CLIENT/GUARDIAN SIGNATURE: _____

Relationship of signer to client: Self Mother Father Guardian

Client name: _____

Guardian name (if applicable): _____

Date (MM/DD/YYYY): _____