

BHC Financial Policies

Annual Membership Fees

Compliance with the following financial policies is required to enroll and continue as a patient, research participant, or consult relationship.

- **Annual Membership Fees** – are assessed annually to all enrolled BHC patients on their individual anniversary date. These fees are **separate from and in addition to insurance-contracted** allowable items and cover services and benefits **not included** in insurance contracts.
- **Anniversary Date - Existing patients** are billed on the 1st day of the calendar month of the patient's established BHC anniversary date. The anniversary date for *new patients* is the date of your initial BHC visit.
- **Annual Fee Amount** – fees are established each November of current year for January 1 implementation of the following fiscal year.
- **First Year Enrollee Premium** – New patients have a larger first year fee based on additional required time for thorough provider preparation and evaluation time, administered testing, and record collection.
 - A minimum of 25%, but not less than \$500, of the new patient fee is due and must be paid before you are given access to the medical profile portal. This is a non-refundable deposit.
 - The remaining balance of the new patient fee must be paid two weeks prior to your first appointment.
- **Special Financial Circumstances**: Individuals with special financial circumstances or are receiving benefits from a federal or state program (e.g. SSDI, SSI, Medicare, or Medicaid) may request a consultation with the business office to determine eligibility for a sliding scale reduction of the Membership Fee.

Financial Policies – Insurance and Cash-Pay for Services

These items are **separate and independent** from the Membership Fee and **not eligible** for sliding scale reduction consideration.

- **Insurance Reimbursements** – Patients with insurance-contracted services have the same responsibility for meeting their deductibles and co-pays. In addition, patients will be responsible to pay for any services billed but not honored by their insurance carrier.
- **Non-Insurance Cash-Only Patients**: Cash-only patients will be quoted and charged for applicable services. Payment due at the time of service delivery. These items are not covered by the Membership Fee.
- **Request for Independent Billing** – Patients may bill their insurance independently. BHC will provide the necessary forms if requested.

Financial Policies – General Information and FAQs

These items cover general items to help you in managing your business arrangement with BHC.

- **Accepted Forms of Payment** – BHC accepts Visa, MasterCard, American Express, Discover Card, personal checks, and cash. Payment and/or co-payments are expected at the time of service. Outstanding accounts that exceed 180 days will have carrying charges at the rate of 1.5% per month (18% per year) No new appointments will be scheduled until balance due is paid in full.
- **Accepted Insurance Networks** – BHC recommend that all patients call their health insurance provider to verify physician and facility coverage prior to their appointment date. BHC participates in the following insurance networks.

Aetna

Cigna

DMBA

Patient to call and check coverage

Humana

Medicare

Medicaid

Regence Blue Cross Blue Shield

Blue Advantage HMO excluded

PEHP

Advantage plan excluded

Select Health

Call insurer to secure a pre-authorization number

United Health Care

Medicare supplement excluded

University of Utah Health

Patient to call and check coverage

- **Non-Enrolled Patient Consultation** – BHC conducts virtual consultations when appropriate and as requested. These are not traditional provider-patient relationships and BHC does not assume responsibility for medical care. Financial terms of engagement include:
 - Fees are billed per half-hour of provider time: \$250 first half hour (non-refundable), then \$250 per each subsequent half hour increment.
 - First consult will be a minimum of one hour.
 - Fees are pre-paid before the appointment is scheduled. BHC does not bill medical insurance for this type of service.
 - If a consult relationship also desires to pay the Annual Membership Fee, they may access and participate in educational events and resources reserved for BHC enrolled patients.
- **Membership Fees, HSAs, and FSAs** – BHC provides a range of services that are not covered by insurance but are specific to the illness diagnosis and treatment plans. BHC patients pay for these services in addition to their insurance coverage each year. These services may be eligible for reimbursement from a patient’s HSA or FSA or similar medical reimbursement account. Each person must consult with their legal or tax advisor to determine applicable use of these types of accounts.
- **Membership Fees and Charitable Donations** – Several BHC patients who pay for services also choose to make a charitable donation to BHC, a qualified 501(c)3 non-profit organization. IRS rules explain that if *“you receive a benefit from the contribution such as merchandise, goods or services, including admission to a charity ball, banquet, theatrical performance, or sporting event, you can only deduct the amount that exceeds the fair market value of the benefit received.”* This means that a charitable donation cannot be counted towards a membership fee or any other out of pocket expense related to BHC services rendered. Patient donors should consider their options:
 - Keep donations and payments for services (including Membership Fees) separate in form of payment and accounting.
 - Request that the “donation” be allocated to cover the services portion (fair value not-deductible) and the balance of the “donation” to the development fund (deductible). BHC will acknowledge that split in a follow up communication.

This arrangement only works for contemporaneous donations and services rendered in a given tax year. It does not apply to planned or future gifts such as a bequest from a last will and testament.

Questions about these policies can be submitted to support@batemanhornecenter.org