Financial Policy

We are pleased that you have chosen GoWell Urgent Care as your healthcare provider. To avoid misunderstandings and ensure timely payment for services, it is important that you understand your financial responsibilities related to your care.

All patients are required to sign an Authorization and Consent to Treatment Form before receiving medical services. This form confirms that you understand the healthcare services provided are necessary and appropriate and explains your financial responsibility for services received, as outlined in this policy.

Patient Responsibility

Patients or their legal representatives are ultimately responsible for all charges for services provided. Payment is expected at the time of your visit for all charges owed for that visit, as well as any prior balance. When insurance provides immediate information regarding patient responsibility, we may request payment for your portion at the time of scheduling and/or check-in. As a convenience, a credit card may be stored on file to settle your account at check-in or check-out.

You may receive an estimate of your patient responsibility prior to or at the time of service. If there is a difference between the estimated and actual responsibility, a statement will be issued for any remaining balance. If a credit balance results after insurance payment, it will be applied to any open balance on your account. If no open balance exists, a refund will be issued.

If you receive an Annual Wellness Visit or Physical/Preventive Exam and request or require additional services, those additional services may be billed separately. All services for minors will be billed to the custodial parent or legal guardian. If you are uninsured and demonstrate financial need and complete the required documentation, financial assistance may be available. For large balances, a payment plan may be offered.

Insurance

Patients are asked to provide a current insurance card (if applicable) and valid proof of identification (such as a photo ID or driver's license) at every visit. If current insurance information is not provided, you may be billed as a self-pay (uninsured) patient. GoWell Urgent Care accepts assignment of benefits for many third-party insurance carriers and will submit claims on your behalf when applicable. You are responsible for paying the portion determined by your insurance plan as patient responsibility.

Please note that our fees cover provider services only. You may receive separate bills from laboratories, radiology facilities, or other diagnostic service providers.

You are responsible for understanding your insurance coverage, including:

- Whether referrals or authorizations are required for visits
- Whether prescribed testing (laboratory, radiology, etc.) is covered
- Applicable copayments, coinsurance, or deductibles

If required referrals or authorizations are not obtained, or if non-covered services are requested, full payment may be required at the time of your visit.

No Surprises Act / Good Faith Estimate of Charges

If you do not have insurance or are not using insurance to pay for your care, you have the right to receive a Good Faith Estimate explaining the expected cost of your medical care. Under the No Surprises Act, healthcare providers must provide uninsured or self-pay patients with an estimate of charges for medical items and services.

You have the right to:

- Receive a written Good Faith Estimate at least one (1) business day before a scheduled non-emergency service
- Request a Good Faith Estimate before scheduling a service
- Dispute a bill that is at least $400 more than your Good Faith Estimate

Please retain a copy of your Good Faith Estimate.

For more information, visit www.cms.gov/nosurprises
or call 1-888-774-8428.

Your Responsibilities

Outstanding Balances

Statements are issued when balances become the patient's responsibility. All outstanding balances are due upon receipt.

If you return for another visit with an outstanding balance, payment may be requested for both the new visit and the prior balance. Payments can be made through the patient portal.

A finance charge of 1.33% per month may be applied to unpaid balances.

Balances outstanding for more than ninety (90) days may be referred to an outside collection agency, with a collection fee of up to 23% of the balance owed, or the maximum permitted by applicable state law. Patients with delinquent balances may be discharged from care and/or restricted from scheduling additional services unless arrangements are made.

Missed Appointments (No-Shows)

Missed appointments may result in the following fees:

$50.00 — missed appointment

$75.00 — missed pediatric appointment

$100.00 — missed physical

$200.00 — missed procedure or surgery

No-show fees must be paid before scheduling another appointment and cannot be billed to insurance.

Interpreter and Translation Services

If interpreter or translation services are requested and an appointment is missed without at least 48 hours' notice, the patient may be charged the amount billed to GoWell Urgent Care by the interpreter or translation service provider.

Additional information about our financial policies is available on our website at gowellurgentcare.com.

Thank you for choosing GoWell Urgent Care as your healthcare provider.