Financial Policy & Patient Agreement

Effective August __, 2026

Hayton Primary Care is an adult primary care practice serving patients age 18 and older.

Please read this policy carefully. A signed copy will be kept in your medical record. If anything here is unclear, ask a member of our team before you sign — we would rather explain it now than surprise you later.

1. INSURANCE & PATIENT RESPONSIBILITY

As of **August __, 2026**, we expect to participate with Traditional Medicare, Medicare Advantage, and Idaho Medicaid, as well as the commercial plans and networks listed on our website. Participation varies by plan, product, and network, and it can change.

Because participation varies, please confirm two things before your visit: that your specific plan lists Hayton Primary Care as in-network, and that our office shows you as active with that plan. If your plan is not one we participate in, call us before scheduling so we can explain your options.

You are responsible for giving us accurate, current insurance information at each visit. We will submit claims on your behalf.

What you owe. You are responsible for the amounts your plan determines to be your responsibility — copayments, coinsurance, and deductibles — and for non-covered services you have agreed in advance to receive.

What you do not owe. You are not responsible for amounts we are prohibited from billing you by law or by our contract with your plan. That includes contractual adjustments, and amounts denied because of a billing, coding, or credentialing error on our part, or because we filed a claim late. If a claim is denied, we will tell you why and whether any part of it is your responsibility.

2. PAYMENT AT TIME OF SERVICE & HOW YOU CAN PAY

Copayments, coinsurance, and known deductible balances are due at the time of service.

We accept cash, check, debit card, bank transfer (ACH), and all major credit cards. There is no additional charge for any payment method.

If paying in full at the time of service would be a hardship, or you would like a payment plan, tell us before your visit and we will work something out.

3. PAYMENT METHOD ON FILE — OPTIONAL

Keeping a payment method on file is optional. It is not a condition of receiving care, and declining will not affect your treatment in any way.

If you choose to keep one on file, you authorize us to charge it for amounts you owe after your insurance has processed the claim, subject to all of the following:

- We will notify you at least seven (7) days before charging your card, and will send you a receipt after each charge.
- We will not charge more than $200.00 in a single transaction without contacting you first for a new authorization.
- We will not charge your card for any balance you have disputed in good faith while that dispute is being reviewed.
- Your card number is stored by our payment processor. Our practice does not keep your full card number.
- This authorization stays in effect until you revoke it. You may revoke it, or change your payment method, at any time by calling **(208) 247-4279**. Revoking does not affect charges already processed or balances you still owe.

4. INSURANCE BILLING & COST-SHARING

Annual Wellness Visits vs. problem-focused visits. Medicare covers an Annual Wellness Visit at no cost to you when you meet Medicare's eligibility and frequency rules and your provider accepts assignment — which we do. If a new or existing medical problem is also addressed at that visit, an additional evaluation and management charge may apply and normal cost-sharing may be your responsibility. We will tell you when this comes up, before the visit ends whenever possible.

5. QUALIFIED MEDICARE BENEFICIARIES (QMB)

If you are enrolled in the Qualified Medicare Beneficiary program, federal law prohibits us from billing you for Medicare deductibles, coinsurance, or copayments. Please tell us if you are enrolled in QMB and show us your card so we bill correctly. If you ever receive a bill from us in error, call our office and we will correct it.

6. SELF-PAY & GOOD FAITH ESTIMATE

Self-pay patients are seen at transparent, published rates, with a courtesy discount when payment is made in full at the time of service.

If you are uninsured, or insured but choose not to use your insurance for a service, you have the right under the federal No Surprises Act to a Good Faith Estimate of expected charges. We will provide one:

- within 1 business day of scheduling, if your visit is at least 3 business days away;
- within 3 business days of scheduling, if your visit is at least 10 business days away; and
- within 3 business days of your request, at any time.

If your final bill is $400 or more above your Good Faith Estimate, you may dispute the bill through the federal patient-provider dispute resolution process. Ask us for details or visit cms.gov/nosurprises. Please keep a copy of your estimate.

7. CHRONIC CARE MANAGEMENT (CCM)

We offer Chronic Care Management for eligible Medicare patients — a Medicare-covered program of ongoing monthly care coordination for patients with two or more chronic conditions, including monthly care-plan review, specialist coordination, medication-management support, and access to your care team between visits.

Enrollment. Enrollment requires your verbal or written consent, which we will document. You may disenroll at any time by telling our office. Only one provider may bill CCM for you in a given calendar month, so please tell us if you receive CCM elsewhere.

Cost-sharing. CCM is billed monthly under the applicable Medicare codes and is subject to the Part B deductible and coinsurance. Once your annual Part B deductible is met, Traditional Medicare covers 80% of the allowed amount and you owe the remaining 20% unless a Medicare supplement covers it. Before your deductible is met you may owe the full allowed amount. Medicare Advantage plans vary — please verify your CCM cost-sharing with your plan.

8. ADVANCE NOTICE OF NONCOVERAGE

Traditional Medicare. Where Medicare requires it — generally when we expect Medicare to deny an otherwise-covered service as not reasonable and necessary — we will give you an Advance Beneficiary Notice of Noncoverage (ABN) before the service so you can decide whether to proceed. If you choose to receive the service after being notified, you will be financially responsible for the charge. Some services Medicare never covers under any circumstances; for those we will simply tell you the price in advance.

Medicare Advantage. An ABN does not apply to Medicare Advantage plans. Where required, we will instead request a pre-service organization determination from your plan.

In either case, we will not perform a non-covered service without telling you first.

9. APPOINTMENTS & CANCELLATIONS

We reserve appointment time specifically for you, and a missed appointment is time another patient could have used. Please give us at least 24 hours' notice if you need to cancel or reschedule.

We do not charge a fee for missed appointments or late cancellations. We simply ask that you call. If you are running late, call ahead and we will tell you whether we can still see you or whether it is better to reschedule.

Repeated missed appointments without notice may result in discharge from the practice.

10. BILLING & COLLECTIONS

Statements are sent monthly. Patient balances are due within 30 days of the statement date.

Before any account goes to collections. We follow the Idaho Patient Act, Idaho Code §§ 48-301 through 48-315. Before your account is referred for any extraordinary collection action — which includes selling your debt, reporting it to a credit bureau, or filing suit — you will receive a Final Notice Before Extraordinary Collection Action. That notice will identify our practice and how to reach us, list the services provided and the dates they were provided, tell you that a full itemized list is available on request, identify the insurance plans we billed, describe every reduction, adjustment, and payment applied, and state the final amount you owe.

We will not charge interest or other fees until the period required by the Idaho Patient Act has passed. We will not refer your account until the statutory waiting period has run and every internal review, good-faith dispute, and insurance appeal has been resolved.

Your billing entity. All goods and services provided at Hayton Primary Care are billed by a single billing entity:

HPC Medical Group PLLC · 300 W. Main St., Suite 100, Boise, ID 83702 · (208) 247-4279

Because one billing entity bills for everything you receive here, you will receive a single final notice rather than a separate consolidated summary of services.

Electronic delivery. You may agree in writing to receive final notices and billing summaries by email instead of mail. Tell our office if you would prefer that.

Collection costs. If your account is referred for extraordinary collection action, you may be responsible for collection costs and fees only to the extent permitted by the Idaho Patient Act, which limits those amounts by statute.

Returned payments. A $20.00 fee applies to any returned check or failed electronic payment, in addition to the original balance owed. For checks, this is the maximum set collection fee permitted under Idaho Code § 28-22-105.

Financial hardship. If you are having trouble paying, contact us before your balance becomes past due. We will work with you on a payment arrangement or help you find resources. We would much rather work with you than send your account out.

11. NON-COVERED & DIRECT-PAY SERVICES

Some services are not covered by insurance and may be offered on a direct-pay basis — including completion of non-medical forms, letters of medical necessity for non-covered purposes, and certain administrative requests. We will discuss the fee with you in advance.

12. ASSIGNMENT OF BENEFITS & AUTHORIZATION TO RELEASE INFORMATION

By signing below, you authorize Hayton Primary Care / HPC Medical Group PLLC to bill your insurance plan(s), Medicare, Medicaid, and any other applicable payer on your behalf and to receive payment directly. You also authorize release of the medical and billing information necessary to process your claims and coordinate your care, consistent with our Notice of Privacy Practices.

13. CHANGES TO THIS POLICY

We may update this Financial Policy from time to time. If we make a material change, we will give you the revised policy in advance and ask you to acknowledge it. Changes apply going forward, not to care you have already received.

14. ELECTRONIC STATEMENTS & NOTICES

If you choose to receive statements and notices electronically, the following applies:

- You may always request paper copies instead, free of charge, and you may withdraw your consent to electronic delivery at any time by calling (208) 247-4279 — with no fee and no effect on your care.
- Electronic delivery may cover billing statements, receipts, Good Faith Estimates, and the notices described in Section 10.
- To receive documents electronically you need a working email address and a device able to open PDF files. Please tell us right away if your email address changes.
- By providing your email address and selecting electronic delivery, you confirm that you can access documents sent this way.

15. NONDISCRIMINATION & ACCESSIBILITY

Hayton Primary Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We provide free aids and services to help people with disabilities communicate with us, and free language assistance to people whose primary language is not English.

To request an interpreter, a document in another format, or any other accommodation, call (208) 247-4279 or ask any staff member — at no cost to you.

Patient Acknowledgment & Agreement

I have read and understand the Financial Policy of Hayton Primary Care / HPC Medical Group PLLC. I agree to the terms above, including responsibility for the patient-responsible charges described in Sections 1 and 4. I authorize the practice to bill my insurance plan(s) and receive payment directly, and to release the information required to process my claims and coordinate my care.

I understand that keeping a payment method on file is optional and is not a condition of receiving care.

OPTIONAL — YOUR CHOICE

The items below are optional. Leaving them blank will not affect your care in any way.

I would like to keep a payment method on file, on the terms in Section 3.	❑ Yes	❑ No
I would like information about Chronic Care Management.	❑ Yes	❑ No
I agree to receive billing statements and notices by email, on the terms in Section 14.	❑ Yes	❑ No

SIGNATURE

PATIENT SIGNATURE _____ DATE _____

PRINTED NAME _____ DATE OF BIRTH _____

If the patient is unable to sign, a personal representative (legal guardian or agent under a health care power of attorney) signs here:

SIGNATURE OF PERSONAL REPRESENTATIVE _____ PRINTED NAME _____ RELATIONSHIP & LEGAL AUTHORITY _____ DATE _____