

Financial Policy and Agreement

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. Please understand that payment of your bill is considered a part of your treatment. The following is provided to avoid any misunderstanding or disagreement concerning payment for services, tests, and supplies provided by our office.

- **Insurance**

Our office participates with a variety of insurance plans. It is your responsibility to:

1. Bring your current insurance card to every visit and notify us of any changes in your insurance coverage.
2. **Be prepared to pay your co-pay, coinsurance and/or deductible at the time of service.** Payment may be made by cash, check, MasterCard, or Visa. All co-pays and deductible amounts owed are due at time of service. If your insurance applies any of your charge to your annual deductible or coinsurance, that portion is due and payable by you at the time of service. If you have elected to use our practice and our physicians out of your network of coverage please check with your insurance regarding benefit levels. Your employer or provider of insurance determines your benefit coverage by contracting with a particular insurance company. If you have questions regarding your coverage, please speak with your human resources representative or use the payer web address listed on your card. It is your responsibility to understand your benefit coverage.
3. We will submit a claim to your insurance company for you through our Billing Company MedComm Billing Consultants. Balances not paid per contract with your primary insurance company may be billed to your secondary insurance.
4. You understand that your insurance carrier can choose to assign benefits to Memorial Medical Group, or your insurance may make payment directly to you.
5. You understand and agree that you are financially responsible for all health care service charges that are paid to you directly by your insurance carrier.

- **Payment Details**

We accept Cash, check, and most major credit cards. We have the capability to accept payments over the phone with your debit or credit card account information. We reserve the right to process your payment electronically based on the information you provide us.

- **Surgical and Laboratory Services**

If you are having surgery at Memorial Hospital, the hospital and anesthesiology services are separate providers and will be billed separately from the office services provided to you. Laboratory services provided at our office are also provided by Memorial Hospital and will also be billed separately from the office services provided to you.

- **Non-covered services**

If you are seeking a non-covered service, do not have insurance, or if you are covered by an insurance for which we are not a provider, we require that you be prepared to pay our fees at the time services are rendered. You may inquire with our staff about self-pay cash discounts for payment at the time of service.

If temporary financial problems affect timely payment on your account you may set up a payment plan.

Specific coverage issues should be directed to your insurance company member services department (the number should be located on the back of your insurance card)

This office charges for all services that are significant and separately identifiable. Patients that are seen for physical exams and require treatments for illnesses or problems may be charged separately for each service when both are provided on the same day.

This office can only code and file a claim for a patient's visit with a diagnosis that was encountered and documented in the medical record.

- **Collections**

All balances billed are due upon receipt of a statement. Unpaid balances greater than 90 days are subject to our collection process.

- **Returned Checks**

There is a \$20.00 fee charged for all returned checks.

- **Small Balance Policy**

If a credit or due balance exists on your account equal to \$9.99 or less, and is more than 90 days old, the account will be automatically adjusted according to our small balance policy. If you are seen within the 90 day period, the small balance will either be credited to your account or requested at the time of service. Following the 90 day period, we will not issue any refunds or send statements for balances equal to \$9.99 or less.

- **Appointment Cancellations/No-shows**

If you cancel, miss or no-show for three (3) appointments you may be dismissed from the practice for not complying with the plan of care you and your physician have discussed.

- **High Deductible Health Plans (HSA, HRA, FSA participants)**

Please inform us prior to your visit if you are a participant in a High Deductible Health Plan (HDHP), a Health Savings Account (HSA), a Health Reimbursement Arrangement (HRA) or a Flexible Spending Account (FSA). You must be prepared with the plan information and pay the patient responsible portion from the HSA, HRA or FSA at the time of service.

- **Minor Aged Patients**

Adults accompanying minor patients (parent or guardian) will be required to complete a Release of Liability and Permission Form. The parent or guardian is responsible for payment of any financial balances for that minor not covered by insurance. For unaccompanied minors, treatment will be denied unless the proper paperwork is received, and the insurance card lists the minor's name.

I have read, understand and agree with this Financial Policy.

Printed Name (Patient or Guarantor)

Signature (Patient or Guarantor)

Date:

Office Staff Signature

Date: