

**MEDNOW CLINIC ELLSWORTH
FINANCIAL POLICY
PLEASE READ CAREFULLY**

Thank you for choosing MedNow Clinic Ellsworth as part of you and/or your child's health care team. Our entire staff is committed to all of your healthcare needs. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy, which we require you to read and sign, prior to treatment, as required by Federal Medicare Compliance Guidelines for all patients we treat.

INSURANCE:

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will submit a claim to your insurance carrier when we accept them, and the proper billing information has been provided to us. We have a list posted at the front desk of the insurance companies that we will accept. We will make all reasonable efforts to obtain payment from your insurance company. However, if they reject the claims or delay payment, you the patient (parent/guardian) will be responsible for full payment. You must show your insurance card in order for us to submit claims for you, within the 60-day filing limit, which is a policy with all insurance companies. If you fail to show us your insurance card, you will be responsible for any balance that becomes delinquent due to our office not being notified with the proper billing information.

USUAL AND CUSTOMARY RATES:

Our practice is committed to provide the best treatment for all of our patients and we charge what is usual and customary for our area. We are contracted with most managed care and PPO organizations. We do write off the difference between our charge and the usual and customary rate your insurance company states, when we are contracted with that insurance. If there is a remaining balance, it will be your responsibility to pay.

REFERRALS:

Patients with HMO/Managed Care types of insurance, please bring your referral from your primary care physician with you at the time of your visit. It is not the responsibility of this office to obtain the referral for you. Should you fail to obtain a referral from your primary care physician, you will be responsible for full payment of your bill at the time of service.

PARTICIPATING NETWORKS:

Our participation with various insurance carriers does not guarantee your services will always be paid. Services denied for no authorization, even though you obtained a referral from your primary care physician, and/or paid out-of-network will be your responsibility.

MEDICAID AND MEDICARE:

We do not participate with the Medicaid program. Any patient that is covered by Medicaid, and seen at this facility, is expected to pay in full for the visit. Medicaid will not reimburse you for your visit here. If you have applied for or are covered by any state or government agency, you must notify our office.

WORKERS' COMPENSATION:

All appropriate information must be disclosed at the time of your visit. We will contact your employer to verify your employment, upon your arrival. We are required by law to complete an M1 form at each visit, which will be attached to your claim to your employer or your employer's

workers' compensation carrier. However, some employers may dispute your claim or deny your claim at which time you will be responsible for those charges.

MINOR PATIENTS:

The adult (parent/guardian) accompanying a minor is responsible for the payment at the time of service. We understand that relatives/neighbors, friends, etc., may accompany the minor with a written consent or a telephone consent from the parent/guardian and the adult accompanying the minor will be responsible for the payment at the time of service. We are not a party to any divorce agreements that have been established by any court order. The person who physically brings the minor in for services will be responsible for payment that day.

CO-PAYS:

All insurance co-pays will be due upon checking in for your visit.

SELF PAY PATIENTS:

We expect full payments at the time services are rendered, unless other arrangements have been made prior to services being rendered. We accept cash, checks, MasterCard, Visa and Discover.

DELINQUENT ACCOUNTS:

We will submit bills to you when there is a balance remaining on your account. We ask that you pay those bills within 30 days. You will only be given 60 days in which to pay in full or arrange a payment schedule with our billing office. If this has not been achieved then we will be forced to send your balance to **Key Collections**, at which time we will charge \$30 dollars to your balance for a collection fee. We hope that this does not happen, as we are willing to work with you on balances as long as you make attempt to clear up the balance.

OUR PRIORITY IS TO PROVIDE EXCELLENT SERVICE TO OUR PATIENTS. PLEASE LET US KNOW IF YOU HAVE ANY QUESTIONS OR CONCERNS BEFORE YOU CANCEL AN APPOINTMENT DUE TO FINANCIAL NEEDS. WE HAVE A FULLY TRAINED STAFF THAT CAN ASSIST YOU. WE THANK YOU FOR UNDERSTANDING OUR FINANCIAL POLICIES.

I HAVE READ THIS FINANCIAL POLICY AND I UNDERSTAND AND AGREE TO THIS POLICY FOR EACH VISIT TO MEDNOW CLINIC ELLSWORTH.

X _____
SIGNATURE OF PATIENT/RESPONSIBLE PARTY

DATE

You may obtain a copy of this policy upon request. This form will be placed in the medical record financial section. Your financial information is not considered in how health care treatments are rendered.