PATIENT FINANCIAL RESPONSIBILITY POLICY

Thank you for choosing CMG to serve the health care needs for you and your family. We are pleased to participate in your health care and look forward to establishing a lasting relationship as your health care provider. As part of this relationship, we have outlined our expectations for your financial responsibility in our Patient Financial Responsibility Policy. Please read this document thoroughly.

**Address Change** !It is important that we have your correct address information on file. Please advise us anytime there is any change to your address, telephone or other contact information. We mail out lab results, pathology and appointment information in addition to billing statements.

**Co-payments, Deductibles and Co-Insurance**  Co-payments are collected at the time of check-in. Insurance deductibles and fees for services not covered by your insurance policy, if known, are due at the time the service is rendered. We accept cash, check and most major credit cards.

**Billing**  If you owe additional money after your visit, you can expect to receive a statement. Statements are mailed out on a monthly basis. Payment is expected within ***10 days*** of receipt of your statement. Patients who ignore collection notices and fail to pay their balance risk negative credit ratings and possible dismissal from the practice. Past Due accounts may hinder your ability to have appointments scheduled. Should your account balance become uncollectible or if you file bankruptcy, we will continue to see you on an emergency basis only for 30 days, giving you time to find a new source of medical care.

**Fees** Returned checks are subject to a $25 fee and your account will be placed on a “cash-only basis.” We will accept payments only by cash or credit card until the balance is cleared.

**Forms** There is an administrative fee of $15 for completing forms such as DMV, physical forms, FMLA, leave of absence, disability etc. Most forms require 7 working days to research your information and complete the form

**Guarantor** Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. If another party is responsible for payment of your account, you must pay your balance in full and negotiate repayment with them outside of our office. This policy includes individuals negotiating divorce agreements.

**Insurance** It is important for you to be an informed consumer, who understands the specifications of your insurance policy (eg, vaccine and doctor visit coverage, referral/authorization requirements for specialty care, radiographs, laboratory tests, urgent care facility care). Your health insurance policy is a contract between ***you and your Health Insurance Company or employer***. Please note it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals, pre-certifications, pre-authorizations and limits on outpatient charges regardless of whether or not our physicians participate, you are nevertheless ***ultimately financially responsible for payment of medical services rendered***. If you do not present a current insurance card, you will be responsible for payment at the time of your visit. Insurance plans and Medicare consider some services to be “non-covered,” in which case you are responsible for payment in full.

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 Signature of Patient or Legal Guardian Date