

MIDWEST MEDICAL SPECIALISTS, P.A. FINANCIAL POLICY

Midwest Medical Specialists, P.A. is committed to providing you with exceptional care. We value our relationship with our patients and wish to inform you of our office financial policies regarding your financial responsibilities for the services provided by our office.

- **INSURANCE** – All contracted insurance plans will be billed directly. You are responsible for providing correct insurance and billing information at the time of service. If you do not present accurate insurance information at your appointment, you may be asked to reschedule or pay for your visit in full. You are responsible for making sure our providers are in-network with your insurance. You are responsible for payment of your account regardless of insurance coverage. If you have coverage but elect to pay out of pocket, payment is due in full at the time of service.
- **CO-PAYS, DEDUCTIBLES, CO-INSURANCE** – All co-pays are due at the time of registration. You are responsible for understanding your insurance coverage. Payment for non-covered services, deductibles and co-insurances are your responsibility and may be collected at the time of service. We accept cash, check, VISA, MasterCard, Discover and American Express.
- **REFERRALS** – If your insurance company requires a referral from your Primary Care Physician to see a specialist, it is your responsibility to have the completed referral form or referral number with you at the time of your appointment. Without this referral, you will be asked to reschedule or pay for your visit in full. It is your responsibility to know if your insurance requires a referral.
- **PRE-PAYMENT** – Some procedures and surgeries may require prior payment when not fully covered by insurance.
- **IN OFFICE PROCEDURES** – You may have a procedure done in office that your insurance considers to be an in office surgical procedure. These procedures may be applied to your deductible or have a co-pay applied to them. You are responsible for these services unless you have declined to have the procedure done at the time of service.
- **SELF-PAY** - If you do not have insurance, you may qualify for a Time of Service discount. “Insurance” is defined by our office as any type of policy providing coverage, regardless of its limitations (Health share plans, catastrophic-only, etc.). A \$100 deposit toward your visit is due upon check-in. If your chart note is complete at the time of check-out, the billing department will confirm the remaining balance due from you, which must then be paid in full. If your chart note is incomplete at the time of check-out, we will apply your \$100 deposit to the pending charges and provide you with a form explaining how the remaining balance will be billed to you. If you are unable to pay the full amount requested at the time of service, payment arrangements must be made with our business office within 24 hours to avoid forfeiting any Time of Service discounts applied.
- **PAYMENT ARRANGEMENTS** – Call our business office to discuss payment arrangements. Payments must be received every month.
- **MINORS/DEPENDENTS** – The parent that accompanies the child to the appointment will be financially responsible for the patient. Our office will not become involved in any child custody issues.
- **PAST DUE ACCOUNTS /COLLECTIONS** – Accounts are past due 60 days after insurance pays. We reserve the right to send your account to a collection agency and/or report your account to a credit bureau. If your account is turned over to a collection agency, you will be responsible for all fees associated with attempting to collect the balance due.
- **RETURNED CHECKS** – There is a \$25.00 fee for all returned checks.
- **NO SHOW/CANCELLATION POLICY** – There may be a fee for no show appointments and/or cancellation of appointments without 24 hour notice.
- **COMMUNICATIONS** – I consent to receive communications from Midwest Medical Specialists, P.A. at the phone number(s) I provided upon registration, including my wireless number (if provided). This consent extends to communications by organizations that the office may contract with to manage and/or collect for services provided. I understand I am responsible for any charges to my wireless number by my wireless carrier. Some calls may be generated by an automated dialing system and may include pre-recorded messages. (The receipt of healthcare services is not conditioned upon my agreement to be contacted by phone as described in this section.)

My signature below acknowledges that I have read and understand the Financial Policy of Midwest Medical Specialists, P.A. and agree to its terms.

Patient Signature

Date