

FOGARTY SURGICAL SERVICES & FAMILY CARE CLINIC FINANCIAL POLICY

Your Responsibility

- You are financially responsible for the services we provide to you. We understand that many patients arrange for insurance companies to pay for a large portion of medical claims. However, the patient (or legal guardian if the patient is a child) is ultimately responsible for the bill if the insurance company does not pay. **Our relationship as your provider is with you and not your insurance company. It remains your responsibility to pay your account in a timely manner.** A delay in payment from your insurance company is not a valid reason for delaying payment to us.
- As a courtesy to you, we will file a claim to your primary and secondary insurance plans. **We expect payment of co-payments and payment for services not covered by insurance plans at the time of service – NO EXCEPTIONS.** Any balance remaining after insurance has paid their part of the covered portion will be due upon receipt of a bill (e.g. Coinsurance, Deductible, non-covered, etc.).

Patients Without Insurance

- Fogarty Surgical Services & Family Care Clinic is pleased to be able to provide services to patients that do not have insurance. However, if you do not have insurance you will be expected to pay for your services on the same day received.
- For surgical procedures, we require a 50% down payment be made on **before** the date of your surgery. Once the deposit is received, we would be happy to work with you on the remaining balance to arrive at a monthly payment plan that will fit within your budget.
- Self pay accounts will receive a 20% discount on all services **provided** payment is received at the time of service and payment plans are adhered to. Any account more than 30 past due will no longer qualify for the 20% discount and all previous discounts will become void and the patient will be responsible for the full amount due.

Medicare Patients

Fogarty Surgical Services & Family Care Clinic accepts Medicare assignment. We will bill your secondary insurance if you provide us the proper insurance information. You are responsible for the applicable coinsurance and deductibles, and charges for non-covered services. In addition to the bill we send, you should also receive an explanation from Medicare indicating how much you owe.

Medicaid Patients

Fogarty Surgical Services & Family Care Clinic accepts Medicaid assignment. A current Medicaid card must be presented at each visit and you will be responsible for co-pay amounts once insurance has processed.

Private Insurance/ HMO Patients

Fogarty Surgical Services & Family Care Clinic accepts assignment for most major insurances. You will be required to pay applicable co-payments at the time of service and you are responsible for any coinsurance, deductibles, and payments for non-covered services. It is the responsibility of the patient to determine if Fogarty Surgical Services & Family Care Clinic participates with your insurance.

Liability Insurance

If you are involved in an accident or work comp injury we will be pleased to provide medical care for you. You will be asked to complete paperwork to ensure proper billing to the insurance company. If your insurance denies you benefits from your accident, your medical bill is your responsibility to pay. Fogarty Surgical Services & Family Care Clinic **will not** await legal action to commence or complete before collecting payment on your bill.

Methods of Payment

We accept cash, check, VISA, MasterCard and Discover. We do not accept post-dated checks, nor will we hold checks for any length of time. Payment arrangements may be made as necessary. There will be a \$25.00 fee assessed for any and all checks returned from the bank for any reason.

Minor Patient

For all services rendered to minor patients, the adult accompanying the patient is responsible for payment. Even if the parents are divorced the parent that accompanies the child to the doctor is responsible for payment, regardless of the terms of the custodial agreement.

Prior Balance

Patients with a prior balance at the time services are requested will be asked to pay the prior balance in full before being seen. If the balance cannot be paid in full, then we may consider monthly payment arrangements.

Collection Procedures

Members of our billing department are always available to help you with questions and or payment arrangements. Once made in writing, agreements are binding. We consider payment by the patient for services rendered to be an important part of the patient's role in the patient/physician relationship. Prompt payment for services rendered is expected and failure to comply or respond to repeated communications from our office may result in discharge from the practice and/or involvement of an outside collection agency. In addition to outstanding bills, the patient will be responsible for all costs of collections including but not limited to collection agency fees, attorney fees and court costs.

I understand and agree to the above policies.

Patient/Guardian Signature

Date

RECEIPT OF PRIVACY PRACTICES: I was **provided** **offered** a copy of Fogarty Surgical Services & Family Care Clinic's Notice of Privacy Practices for Protected Health Information.

Signature of patient or representative

DATE: _____

Representative Name & Relationship to Patient (i.e. parent, guardian, or other legal representative)