

Capital Medical Group Financial Policy

Capital Medical Group is committed to providing you with the best care possible. If you have medical insurance, we will file the medical claim to help you receive the maximum allowable benefits. In order to get this accomplished, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time of service. We accept cash, checks, MasterCard, Visa, Discover, and American Express. All payments are expected at the time of service and any outstanding balances are due within 30 days, unless prior arrangements have been made with the Billing Department. If a balance has not been paid, it will be sent to an outside collection agency. Should your account be sent to the collection agency, you will be financially responsible for the collection fees and any legal fees that could be incurred while collecting the delinquent balance. Payment in full of any past due balances is expected prior to your office visit, in addition, payment in full will be required at the time of service.

If you are a self pay patient, you will be required to pay \$ 56.00 at the time of service. This may not be the total amount of your visit. Due to the complexity of the visit or if any lab test(s), or in-house test(s) are performed the cost of the visit will be higher. You will be sent a statement on the additional charges.

We will file your insurance claim for reimbursement; we accept assignment from the major insurance carriers. Please check with the Billing Department to see if we participate with your plan.

It is important for you to understand that your health insurance coverage is an agreement between you and your insurance company and your doctor's bill for the services provided to you is an agreement between you and your doctor.

If we DO participate with your insurance company, all services performed in our office will be submitted to them, unless we have received prior notification of non-covered services. All copays and deductibles are the patient's responsibility and will be due at the time of service.

If we DO NOT participate with your insurance company, we will file the insurance claim and accept the payment, but we will not accept the contractual adjustment. That balance will be the patient's responsibility and any balances that are not covered will be the patient's responsibility.

Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. It is your responsibility to know if a certain procedure is not covered, please check your insurance handbook. You may be asked to sign a waiver (Advanced Beneficiary Notice) for services that may not be covered by your insurance.

Motor vehicle accidents are not filed to health insurance and are expected to be paid at the time of service. In worker compensation cases, we will send the appropriate claim forms for services rendered on your behalf. We will require a claim number and the workers compensation carrier information before the claim can be filed. If and when a workers compensation claim is denied Capital Medical Group will require payment in full within 30 days.

Capital Medical Group must emphasize that as health care providers, our relationship is with you, not your insurance company. While filing the insurance claims is a courtesy we extend to our patients, all charges are strictly your responsibility from the time services are rendered. Therefore, it is often necessary for you to inquire and explore your benefits with your insurance carrier. We do realize that temporary financial problems may affect timely payment, but if such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

In order for Capital Medical Group to provide the quality of care it offers, you must be willing to do your share in helping us to help you receive insurance benefits for which you are fully entitled.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY CAPITAL MEDICAL GROUP AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO AGREE THAT THE TERMS OF THE FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.

Patient's Signature
Or Parent/Legal Guardian

Date

Capital Medical Group Witness

Date