

CAPITAL MEDICAL GROUP

INSURANCE AND FINANCIAL AGREEMENT

THANK YOU FOR CHOOSING CAPITAL MEDICAL GROUP FOR YOUR HEALTH CARE NEEDS

By signing this agreement you fully understand this entire financial policy/agreement and you are responsible for all charges incurred.

We collect the CO-PAYMENT at the time of the visit. Please remember that insurance is considered a method of assisting the patient with medical expenses and is not a substitute for payment. For your convenience we accept CASH, CHECK, VISA, MASTERCARD, AMERICAN EXPRESS & DISCOVER.

It is impossible to keep track of all the individual insurance plan requirements. Each insurance plan has different policies regarding how often services may be rendered and where the services may be performed. We depend on you to know the requirements of your insurance coverage. **If you are covered by more than one plan, please bring a membership card for each plan.**

SELF PAY AND MOTOR VEHICLE ACCIDENT INFORMATION

At Capital Medical Group we require a minimum deposit of \$148.00 toward each visit. This deposit is required to be paid before you are seen by the provider. The charge for your visit could be higher than the \$148.00 deposit depending on the complexity and other services that may be performed during your visit. Any remaining balance from that days visit will be billed to you.

Patient Name and DOB

Patient/Parent or Guardian Signature of the

Patient:_____ Date:_____

SELF PAY/MVA TO BE SIGNED EACH VISIT

DATE OF SERVICE(including appointment with provider, bloodwork only, and radiology services)

Notice to the Patient: THIS LETTER WILL BE ENTERED INTO YOUR CHART AFTER YOUR APPOINTMENT.

Office use only: self pay/mva

Payment Amount:_____

Payment Type:_____

staff initials:_____