

Financial Policy

It is Carson Medical Group's goal to promote health by providing the finest in family medical care. We care for our patients and our community. Everyone will be treated professionally and compassionately with dignity and respect. This goal is best achieved if everyone is informed of the financial policy, which is an agreement between Carson Medical Group and you as the patient, or patient's parent/guardian. Your clear understanding of the financial policy is essential to our professional relationship. Please read the following agreement, and initial to acknowledge your agreement and understanding. If you have questions regarding any of the sections, please do not hesitate to ask your Patient Service Representative:

Insurance

1. Health insurance is a contract between you and your insurance company. It is the patient's responsibility to understand your healthcare benefits. For example, financial liability, acceptable facilities for diagnostic testing (lab, X-Ray, etc.), whether or not authorization is required for certain services, and/or covered services under your plan.
2. As a courtesy to our patients, Carson Medical Group will bill *most* insurance payers on our patient's behalf, but it is the patient's sole responsibility to ensure Carson Medical Group is an in-network provider with their plan.
 - a. In order to successfully bill your insurance, you will be required to present your insurance card at each time of service as well as your photo ID to ensure patient identity.
3. Carson Medical Group requires payment at the time of service for any estimated patient responsibility, including co-pays, co-insurance, remaining deductible, uninsured patients and/or past due balances.
 - a. Carson Medical Group treats all patients fairly when collecting account balances. In accordance with federal regulations, and contractual obligations with third-party payers, Carson Medical Group does not waive, fail to collect, or discount co-payments, co-insurance, deductible, or any other patient financial responsibility.
4. If Carson Medical Group is your primary care physician, please make sure you have updated this information with your insurance company, as some health plans may deny claims and hold you financially responsible for your visit.
5. It is patient responsibility to disclose any other coverage that may be in addition to the primary coverage. If you have more than one insurance, you must ensure the coordination of benefits with all payers, to determine which designated primary, secondary, and/or tertiary is. Failure to do so may result in patient financial responsibility.
6. Carson Medical Group does not treat for Worker's Compensation claims. You will need to contact your employment supervisor for instructions on where you can seek treatment.
7. Carson Medical Group does not treat automobile or third-party liability claims. You will need to contact the insurance carrier that is responsible for coverage for instructions on where you can seek treatment.

Initial: _____



Payments

1. Carson Medical Group collects an *estimated* payment at the time of check-in based on the average service level, and your insurance’s allowable amount when available, however this is only an estimate. Should more services be rendered (i.e. higher level visit, testing, procedures, or injections) you will receive a statement for the additional care after your insurance processes your claim. In order to mitigate any disruption in care, we require prompt payment upon statement receipt.
 - a. Non-Emergent appointments may be rescheduled if there are outstanding balances or if a co-payment is not made at time of service. If you are experiencing financial difficulty, please let us know and we will do our best to work with you.
2. Carson Medical Group will return all monies that are not due to the Practice.
 - a. Should you have made an overpayment to Carson Medical Group, and you paid with credit or debit card, we will promptly, automatically return any overpayment amount directly to the card used on date of payment.
 - b. Should you have made an overpayment to Carson Medical Group, and you paid with check or cash, we will promptly, automatically issue a refund check if the amount is over \$5.00. Any amount for \$4.99 or less will remain on your account and applied to a future visit or you may request this be refunded to you.

Initial: _____

Fees

1. Carson Medical Group will impose a fee of \$25.00 for checks or credit card transactions that are not processed due to insufficient funds.
2. Carson Medical Group will impose a fee of \$30.00 for costs related to reissuing a lost, stolen, or expired check.

Initial: _____

I have read and understand the above Financial Policy of Carson Medical Group. I accept the responsibility outlined. I give permission for Carson Medical Group to bill my insurance on my behalf, and accept payment for the services rendered. I also give permission for the Business Office of Carson Medical Group to contact me on my most current listed contact information as it relates to debt collection when necessary.

Signature

Date

Patient’s Name (print)

Patient’s Date of Birth

By typing your name for your signature, you are signing this form electronically.
You agree your electronic signature is the legal equivalent of your manual signature on this form.