

Plum Creek Medical Group

PAYMENT POLICY

We at Plum Creek Medical Group are committed to providing excellent care for you and your family. We are also committed to providing assistance in filing your insurance claims. We participate with most major and minor insurance plans and do accept assignment of benefits. ***By signing this policy you will authorize Plum Creek Medical Group to receive reimbursement from your plan, to provide any requested information your insurance plan requires for claims review, claims audit and/ or claims payment. By signing this policy you will also agree to this payment policy.***

PAYMENT: Payment for services is due in full at each visit. We accept payment by cash, check, MasterCard, Visa or Discover. Some patients may pay in full by simply paying their copay or coinsurance. Others may have a deductible to meet while others not covered by a participating plan may need to pay the entire visit charges. Please contact our business office with any questions regarding charges and payments prior to your appointment.

INSURANCE: We do file most insurance claims but require current and accurate information regarding your coverage. Copays, coinsurance and deductibles are the responsibility of the patient and are to be paid at each visit by the patient, responsible party or, in the case of a minor, by the adult bringing the child in for treatment. Please make sure to have your insurance card with you for every visit for us to verify that the information we have is accurate and current. It is recommended that you contact your insurance carrier to confirm that we are in their network so that you can receive the highest benefits possible.

NEW PATIENT CHARGES: New patient charges are assessed to reflect the additional services provided for patients who have never been seen in the office and for patients who have not been seen in the office for at least three years. By signing this policy below you agree to be responsible for these charges.

MEDICARE: We ask that you bring your Medicare card and any supplemental/secondary card to each visit. This will ensure that we provide the most current information to Medicare when filing your claim so that they can send the secondary claim to the correct carrier for payment.

MEDICAID: We ask that you bring your Medicaid card to each visit.

*******PLEASE READ AND SIGN REVERSE SIDE*******

THIRD PARTY LIABILITIES: We will file claims for third party liabilities such as motor vehicle accidents as long as we are provided current and accurate information. Charges for these visits will be the patient's responsibility until we are provided all necessary information.

DIVORCE/SEPARATION: We cannot become involved in billing arrangements in cases of divorce or separation. We will collect appropriate copays, coinsurance, and/or deductible amounts from the adult bringing the child in for treatment. We will file insurance with the carrier information provided by the guarantor for the child's account.

BILLING STATEMENTS: Billing statements are mailed monthly for any balances due. Service dates still pending with insurance are not billed to you until insurance has responded. Payment is due upon receipt of the monthly billing statement. Balances not paid and reaching 60 days are reviewed to be referred to our Internal Collections. However, any balances left to 90 days may be referred to an Outside Collection Agency which could report the outstanding balance to a Credit Bureau. Please contact our business office with any questions regarding charges or payment arrangements.

Patient Name (or representative): _____

Signature of Patient (or representative): _____

Date: _____

Relations of representative to patient: _____