



## PATIENT FINANCIAL POLICY

Caduceus Medical Group is dedicated to providing optimal care and service to our patients. This policy has been developed to clarify matters that frequently arise between our patients and medical office(s). If you have any questions regarding the financial policy, please discuss them with our operations officer.

**Benefits and Coverage Limitations** – It is the responsibility of the patient/guarantor to understand the terms and conditions of their insurance coverage, including; in-network providers, co-payment and coinsurance responsibilities, and lifetime maximums. Caduceus Medical Group will be held harmless from any fees resulting from the failure to understand any of the terms and conditions regarding the patient's coverage policy which results in non-payment by the health plan, and is the sole responsibility of the patient/guarantor.

**Non-covered Benefit** – In the event that your health plan (insurance) determines a service to be a non-covered benefit, or if the procedure is considered to be elective and not medically necessary, you will be responsible for payment of the total charges related to that visit. For services rendered to minors, the parent/guardian, and/or policy holder accompanying the minor will be responsible for payment of all expenses incurred.

**Time of Payment** – Payment for services is due at the time services are rendered. This would include co-payments, co-insurance (patient responsibility), non-covered services, and deductibles. Outstanding balances are also due at the time of service.

**Credit Balances** – If a credit balance exists on an account, Caduceus is authorized to apply the credit balance to any unpaid or future balance.

**Past Due Balance** – For any past due balance in excess of 45 days, a monthly finance charge of 1.5% will be assessed and added to the balance due.

**Collection of Unpaid Accounts** – Statements requesting payment for balance due, when determined as patient responsibility, are sent at 30, 60, and 90 days. The statement at 90 days is the final notice. Unpaid balances over 120 days will be referred to an outside collection agency and/or an attorney which may result in legal action and reporting to credit bureaus. All legal expenses and costs incurred by Caduceus will be the responsibility of the undersigned.

**Payment Plans** – Payment plans for unpaid balances must be in writing and can only be approved by the Management Services Office or Executive Board. Physicians/providers are not authorized to offer or create any payment plans.

**Special Physical and Form Fees** – For special physicals and/or forms that may be required, e.g., DMV, Schools, Camps, Employers, and Sports Teams – the patient/guarantor is responsible for any fees related to the service, unless documented to be a covered benefit by the health plan.

**Returned Check or Insufficient Funds** – In the event that a check is returned, for any reason, or if there are insufficient funds, a fee in the amount of \$25 will be assessed and added to the account.

I have read and understand the Patient Financial Policy of Caduceus Medical Group and accept all the terms maintained, herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_