

PATIENT FINANCIAL POLICY

Caduceus Medical Group is dedicated to providing optimal care and service to our patients. This policy has been developed to address questions often asked by our patients.

Benefits and Coverage Limitations

It is the responsibility of the patient/guarantor to understand the terms and conditions of his/her insurance coverage including: in-network providers, co-payment and co-insurance responsibilities, and benefit 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. Any such fees shall be the sole responsibility of the patient/guarantor.

Non-Covered Benefits

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.

Payment

Payment for services is due at the time services are rendered. This would include co-payments, co-insurance, yearly deductible, and amounts for non-covered services. Outstanding balances are also due at the time other services are being provided. If a credit balance exists on an account, Caduceus is authorized to apply the credit balance to any unpaid or future balance.

Past Due Balances

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 for balances due 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 related to collection of any balance will be the responsibility of the undersigned.

Payment Plans

Payment plans for unpaid balances must be in writing and must be approved by the Management Services Officer or the 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 require completion by a physician, e.g. DMV, school, sports, camp, etc., the patient/guarantor is responsible for any fees related to the service unless documented to be a covered benefit by third-party payer.

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 balance.

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

Print Name

Signature

Date _____