St Luke's
PHYSICIAN GROUP

FINANCIAL POLICY

It is the policy of this practice as a member of St. Luke's Physician Group, to have a Financial Policy that clearly outlines patient and practice responsibilities. We are committed to providing our patients with the best possible medical care while minimizing administrative costs. This Policy has been developed with these objectives in mind, and to avoid any misunderstandings or disagreements concerning payment for professional services.

Please read the following carefully:

For patients who do not have insurance:

- Patients who do not have any insurance coverage are expected to pay for services rendered at the time of the visit. Financial assistance may be available for qualified patients. If a patient feels that he or she may qualify for assistance, the practice receptionist should be notified at the appointment check in.
- Payment plans are available for patients who meet the minimum requirements.

For patients who are currently covered by insurance:

- The patient is responsible to provide us with valid health insurance information, and should bring their insurance card to each visit.
- Our office participates with numerous insurance companies and managed health care programs. For patients that are members of one of these plans, our business office will submit a claim for services using a standard CMS 1500 claim form.
- St. Luke's Physician Group bills secondary insurances as a courtesy to our patients.

If you have a plan that our practice participates with:

- The patient is responsible to pay any co-payment or any portion of the charges as specified by the plan at the time of the visit
- Any medical services not covered by an individual's insurance plan are the patient's responsibility and payment in full is due at the time of the visit. Specific coverage issues should be addressed by the insurance company's member services department (telephone number is on the insurance card).

If you have a plan that our office does not participate with:

- If a patient has insurance that we do not participate in, our office will file a claim upon request, but ***payment is expected at time of service.***

If you are covered by an HMO or Managed Care Plan:

- The patient is responsible to pay any co-payment or any portion of the charges as specified by the plan at the time of the visit.
- The patient is responsible to ensure that any required referrals for treatment are provided to the practice **at the time of visit.** Non-emergent visits may be rescheduled, or the patient may be financially responsible due to the lack of the referral.

Other:

- The office reserves the right to charge for the completion of forms. For example, insurance, disability or medication programs, and the copying of medical records.
- Any outstanding patient balance that is either not paid in full or under a payment plan agreement will be transferred to an outside collection agency.

St Luke's
PHYSICIAN GROUP

NOTICE OF FINANCIAL POLICY ACKNOWLEDGEMENT

I HAVE RECEIVED A COPY OF ST. LUKE'S PHYSICIAN GROUP NOTICE OF FINANCIAL POLICIES AND PROCEDURES

*SIGNATURE*_____

PRINT NAME_____

DATE_____