

CALVARY MEDICAL CLINIC FINANCIAL POLICY

Thank you for choosing Calvary Medical Clinic, PA to serve you and your family's health needs. We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policy. **Your medical insurance is a contract between you and your insurance company. We can assist in filing all insurance claims, but you are primarily responsible for any charges that you have incurred as a patient with Calvary Medical Clinic, PA.** Please review and sign the following financial policy prior to your office visit.

1) **Co-Pays and Deductibles** – All co-payments, insurance deductibles, and fees for services not covered by your insurance policy are due at the time service is rendered. We accept cash, check, or credit cards (VISA, MasterCard, and American Express).

2) **Insurance** – Patients must complete and sign information and insurance forms prior to seeing the physician. **You must present a current insurance card at each visit. If you or your children do not present a current insurance card, you will be responsible for payment at the time of your visit.** You will receive reimbursement from Calvary Medical Clinic, PA if your insurance pays the claim, at a later date. If your insurance carrier is not one with which we participate, you are responsible for payment in full. Insurance plans and Medicare consider some services to be “non-covered,” in which case you are responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. If we later receive payment for your insurer, we will refund any overpayment to you. If we receive payment at a later date, you will be reimbursed by Calvary Medical Clinic, PA.

3) **Minors** – Parents and guardians are responsible for payments for their dependants at the time the service is rendered. **Minors and dependants must present a valid insurance card at each visit if a claim is to be filed.** See item #2 above if an insurance card is not presented

4) **Missed Appointments** – Calvary Medical Clinic requires 24-hour notice of appointment cancellation. Appointments missed and are not previously canceled may be charged a fee of \$20.00.

5) **Returned Checks**

The Charge for return check is \$25 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount.

Medical Records

Patients requesting Medical records will be charged

- \$10 --under 20 copies
- \$15 -- 21 to 50 copies
- \$20 --over 51 copies

5) **PROMPT PAYMENT** –we expect that you will make every effort to pay your bill promptly. If you have a financial hardship or if you are unable to pay your bill in its entirety please contact our billing office to discuss payment options. **If your account becomes delinquent and you have not established or met payment options with our billing office, your account will be turned over to a collection agency and we will ask you to see your medical care from another medical office.**

I have read the financial policy and agree to its terms.

Patient Signature

Date Signed