

Financial Policy & Benefit Assignment

We are committed to providing you with the best healthcare. We are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibility to pay.

- All new patients must complete our Patient Information form before seeing their provider, and at the beginning of every new year.
- You will also need to make updates to your demographic information if your address, phone number, insurance, or family status has changed throughout the year. These updates are the patient's responsibility.
- Failure to update your demographic and/or insurance information can lead to denied claims. Denied claims become the patient's responsibility.

Insurances

Insurance is a contract between you and your insurance company. Your insurance company will list the required co-pay for each visit on your card. Depending on your plan, your card might also list a Primary Care Physician (PCP) and that referrals are needed for any services outside your primary care office. Please check before visiting specialists' offices. For most plans, seeing a specialist without a referral will result in non-payment of the visit.

We will be glad to bill any secondary insurance on your behalf, but if payment is not received within 60 days, it will become patient responsibility.

Co-Payments

Co-payments are due at the time of service and are a requirement of your insurance company. Failure to bring your required co-pay may result in your appointment being rescheduled. **During the course of your visit, if your provider adds additional services, this may result in an additional copayment required by your insurance carrier. For example, if your appointment is for a wellness visit, and the provider ends up doing an additional service, such as treating you for a new diagnosis or addressing a previous issue, although you may not have had a copayment for the wellness a visit, the additional service will likely require a copayment that you will be responsible for.**

Self-pay

Patients without health insurance can qualify for a "Prompt Pay Discount" by paying 50% of the charge on the date of service. The other remaining 50% will be eliminated. Notice will be sent to the billing office of this discount.

Prompt pay discounts apply only to the office visit charge and do not include labs, in house testing or injections. Specimens that require being sent out to a lab, will be billed directly to you by the lab company. For pricing on specific tests, please call the lab of your choice and specify at time of collection what lab you want your specimen sent to.

No Show and Continual Cancellations

There will be a \$25 fee for "no shows" (not showing up for your appointment) and for cancellations or reschedules made less than 24 hours before your appointment unless approved by the Practice Manager. Continual no shows and cancellations may result in you being asked to discontinue care at our practice.

Patient Signature: _____ Date: ____/____/____

Notice of Billing and Insurance

The services you receive from Sister Margaret's Senior Clinic and St. Joseph Medical Center may be billed separately.

Sister Margaret's Senior Clinic is owned by St. Joseph Medical Center as an outpatient facility. The bill you receive from Sister Margaret's Senior Clinic will be for facility and procedural services.

The bill you receive from St. Joseph Medical Center represents the professional services provided by your physician.

If you have any questions about your St. Joseph Medical Center bill, please contact patient accounts at St. Joseph Medical Center at 816-943-2192.

If you have any questions about your Sister Margaret's Senior Clinic bill, please call 816-943-5755.

We will be happy to answer your questions.

Signature: _____

Date: ____/____/____

Witness: _____

Date: ____/____/____