A picture containing logo

Description automatically generated**Financial Policy**

Definitions: “I,” “Me,” and “my” mean the patient. “Clinic” means Hallsville Medical Clinic, affiliated entities and employees. I am signing this agreement to obtain services.

If any part of this agreement is invalid, it will not affect the validity of the remainder of this agreement. Any invalid part will be deemed reformed to comply with the law. A photostatic copy of this form shall be as effective and valid as the original.

We are committed to providing you with quality care. If you have health insurance, we want to help you receive your maximum allowable benefit. In order to achieve these goals, we need your assistance and understanding of our payment policy.

Our physicians/facilities participate in a number of HMO and PPO networks. It is your responsibility to verify that the doctor/facility you are seeing is “in network.” Please verify this by calling the “800” telephone number on your group insurance card or check with your employer on how to obtain this information.

If you belong to an insurance company that requires a referral from your primary care physician, please bring the referral with you at the time of your appointment. We must have a referral authorization before seeing you.

Co-Payments are collected on each visit. If you are not insured by one of the participating HMO or PPO insurance companies, payment will be collected according to your plan’s out-of-network benefits. If you carry no medical coverage, payment in full is required at the time of your visit unless prior arrangements have been made. We accept cash, checks, MasterCard, Visa, Discover, and American Express. *You may receive additional bills for services in addition to the physician’s professional services such as services for anesthesiology, pathology, laboratory, and radiology and facility fees.*

**Medicare and Medicaid:** We accept Medicare and Medicaid. We accept Medicare assignment and will bill Medicare for you. If you have any supplemental insurance, please bring this information with you to your appointment. As a Medicare beneficiary, you are required by Medicare to make a co-insurance payment for both this visit and your physician’s professional services. Your actual Co-insurance payment amount depends on the services you receive today from the Clinic and from your physician.

**Worker’s Compensation:** If you are being treated for a work-related injury (Worker’s Compensation), approval from your adjuster, prior to your appointment is necessary in order to bill the service as work-related. We will need the following information: Insurance carrier, address, telephone number, adjusters name, and the claim or case number. If payment is unable to be paid before the visit, payment will be due at the visit, and is able to be reimbursed from the case worker to the patient, or from the Clinic if the payment is made to the Clinic twice (once from the patient and once from the worker’s compensation.)

If treatment is sought due to motor vehicle accident or other personal injury, you will be responsible for your bill, i.e., office visits, x-rays, any tests or procedures and/or subsequent surgery. We do not accept any third-party insurance or letters of protection from attorneys.

If you are seeking treatment for an injury that occurred on a school campus, you must bring a claim form completed by the appropriate school official. This claim form should include details of the accident and the name and address of the school’s insurance company.

We must emphasize that as healthcare providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. There will be a $50 charge for all returned checks. We do not accept post dated checks. If you have a check that does not go through, the balance, with the additional $50 ***must*** be paid by Credit, Debit, or Cash.