



## PATIENT FINANCIAL POLICY

*(Revised 11/19/13)*

Aultman Medical Group is dedicated to providing you with the best possible medical services and regards your complete understanding of your financial responsibilities an essential element of your care and treatment.

### Medical Services

For continuity of care, the physicians within the Aultman Medical Group utilize a common medical record.

### Insurance cards, co-payments and co-insurances are expected at the time of service at each visit.

As a courtesy, charges for services will be submitted to your insurance company. All health plans are agreements between you and your insurance carrier. All plans are "plan" specific and pay differently. It is the patients' responsibility to know their plan payment details. You are responsible for all copays, coinsurance, deductibles, and non-covered services/items. We are obligated to collect your copay at the time of service per your insurance company. In the event your health plan determines a service to be "non-covered" or does not pay the services in full, the unpaid balance is the responsibility of the patient. If you have no proof of insurance you will be asked to pay for the services at the time rendered. For your convenience we accept VISA, MasterCard, Discover and/or American Express. If insurance does not pay the claim, you will be held responsible for payment.

Payment is due at the time of service for cosmetic or other elective procedures.

For services rendered to minor patients, the parent(s) or guardian(s) of the minor are responsible for payment.

A self-pay discount is available for patients without medical coverage if paid within the first statement cycle. Aultman Medical Group offers the "Yes You Can" program for many non-contracted insurance plans. "Yes You Can" does not apply to government insurance plans.

Financial Assistance is available for those who qualify. Application and proof of financial need is required to be considered for this discount. Discounts are based on the U.S. Poverty guidelines.

You may be responsible for full payment on missed appointments not cancelled or rescheduled within 24 hours in advance.

An additional fee of \$25.00 may be charged to your account for checks returned to our office for any reason, including insufficient funds.

Any debt old or new is expected to be satisfied to continue services with [Aultman Medical Group]. Failure to do so may result in dismissal from Aultman Medical Group.

There will be a charge for completing disability forms, FMLA forms, and other requested supplemental forms. This requires time away from patient care and day to day business operations.

There will be a charge for copies of medical records in accordance to the State of Ohio (Ohio law 3701.741) or as outlined in the contractual agreement with your insurance company.

### Work Related Injury or Illness

For work-related injuries or illnesses, we will bill Workers' Compensation upon receipt of valid claim information and MCO provider. You must be seen by a BWC credentialed physician. If no valid claim information is supplied, payment is the responsibility of the patient.

### Motor Vehicle Related Injuries or other Third Party Liability Injuries

If you are receiving care due to the result of an automobile accident, or other liability incident, the charges for your treatment are *YOUR* responsibility *UNLESS* your physician is contracted with your health insurance. Medicare and Medicaid patients must present a valid claim number, date of accident/injury and name of third party liable, when making an appointment. The Practice does not wait for settlements on any third party liability to receive payment.

*We reserve the right to dismiss patients from the Aultman Medical Group for failure to comply with the terms of our Patient Financial Policy, including, but not limited to, the failure to keep and/or bring patient accounts current after having been notified of a delinquency. Should a dismissal be exercised, a patient will no longer be permitted to schedule appointments.. The Practice will continue to provide urgent care only through the thirty days following notice of dismissal to provide sufficient time during which to locate a new physician. Upon dismissal, [the Medical Records department] may be contacted at 330.433.1426 weekdays to obtain authorization forms to transfer records to another physician.*

***I have read and understand the Medical Record and Patient Financial Policies of Aultman Medical Group and I agree to be bound by its terms. I also understand and agree that such terms may be amended periodically by the Practice.***

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Relationship to patient: (Circle One): Self Parent Spouse POA Guardian

Signature of Co-Responsible Party (other parent/guardian or spouse) \_\_\_\_\_ Date \_\_\_\_\_