

## FINANCIAL POLICY

Charges for office visits are due at the time of service including co-payments, deductibles, co-insurance and balances. There are fees associated with completing forms and are payable in advance. For your convenience, we accept cash, check, MasterCard and Visa.

**PPO PATIENTS:** This office participates with most, but not all PPO insurance companies and plans. Knowing your insurance benefits is your responsibility. Your insurance benefit is a contract between you and your insurance company, not with Marina Village Medicine. Once insurance coverage is verified, we will bill your insurance company for services rendered. It is your responsibility to determine whether we are an in-network provider for your specific insurance plan. Your insurance company offers several ways to verify this. You can contact your insurance company directly via telephone (there is usually a phone number on your insurance card), or go to their website and use their online provider look-up tool. If we are an out-of-network provider for your insurance plan, you will be responsible for the full amount of the visit. Cost for a standard office visit is \$165.00. You are responsible for your bills until your insurance makes payment, and responsible for any non-covered portions of your bill. If you have questions about your coverage, please call your insurance company.

**MEDICARE PATIENTS:** We participate in Medicare. Medicare may only cover 80% of your medical expenses. The remaining 20% is your co-insurance and is your financial responsibility to pay. Medicare also has an annual deductible that is your financial responsibility to pay. We will bill Medicare for you. Any co-insurance, co-payment or deductible amount is your financial responsibility to pay. If you have Medicare supplemental or secondary insurance, Medicare will bill them directly on your behalf. All unpaid balances are the responsibility of the patient. Payment of deductibles and co-insurance is required at the time of service. There are instances where your supplement plan will require you to see an "in-network" provider. Please contact your supplemental plan to confirm we are in your network of providers. Contact CMS for more Medicare information.

**HMO PATIENTS:** If you are covered by an HMO insurance plan, a Marina Village Medicine physician MUST be listed as the PCP (Primary Care Physician) on your insurance card for this coverage to be in effect. Co-payments will be collected at the time of service. Patients are responsible for payment of all non-covered services at the time of service. If you are not listed with Marina Village Medicine at the time of service, you are responsible for all visit charges.

**SELF-PAY:** The cost of a standard office visit is \$165.00 and payment is due at your appointment.

**CO-PAYMENTS, DEDUCTIBLES AND CO-INSURANCE.** All co-payments, deductibles, and co-insurance are due at the time of service. Most plans require you to pay a co-payment, deductible or co-insurance amount. Please contact your insurance company and specific plan to make sure you understand your financial obligations, deductible amount and co-insurance responsibilities.

**NON-COVERED SERVICES:** Some or all of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You will be responsible for these services in full.



**ACCOUNT BALANCES:** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless they are arranged with an office staff member ahead of time. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency, and you and your immediate family members may be discharged from the practice.

**CANCELLATION AND NO SHOW CHARGE:** In order to run an efficient business, we rely on patients to keep scheduled appointments. If you cancel an appointment with less than 24 hours' notice, or if you "No Show" you will be charged for the full cost of the visit.

**ASSIGNMENT OF BENEFITS/INSURANCE AUTHORIZATION**

I, the undersigned, authorize my insurance company/companies to direct payment for medical services rendered to myself or dependents directly to Marina Village Medicine. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I understand and agree to the above stated policies. This authorization and agreement shall be considered valid until revoked in writing. A copy is as valid as the original.

I acknowledge I have read and understand the above Financial Policy and Assignment of benefits.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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**CREDIT CARD BILLING AUTHORIZATION (OPTIONAL)**

I, \_\_\_\_\_ authorize Marina Village Medicine to keep my signature on file and to charge my account for any balance owing on my account. I authorize charges to commence on \_\_\_\_\_ (today's date). I understand that this form is valid until I give a 30-day written notice to cancel the authorization to Marina Village Medicine.

PATIENT NAME: \_\_\_\_\_

CARD HOLDER'S NAME (AS SHOWN ON CARD): \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

VISA OR MASTERCARD (CIRCLE ONE)

ACCOUNT# \_\_\_\_\_ CW : \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_