

Cornerstone Family Practice
PATIENT FINANCIAL POLICY/POLICY

To our Patients,

We are committed to providing excellent care for you and your family. Therefore, the intent of this document is to inform you of your financial responsibility/Policy and help you understand medical services, coverage, eligibility, and medical insurance.

For your understanding :

- **Knowing and understanding** your insurance policy, coverage and eligibility is the **patient's responsibility**
- Medical treatment is based on medical guidelines, not insurance coverage
- All services are not covered by all insurance companies/third party payers, as each policy has its own benefits regarding covered services, or amount of coverage
- Your insurance company determines the actual benefits after a claim is received

Financial Responsibilities:

- We accept most insurance companies, but you must verify that our providers are in network so that you can receive the highest benefits possible
- Patients must provide accurate insurance information and ID's (address) upon arrival. Any changes must be reported to our office promptly. Payment will be required in full for incorrect information
- Patients are responsible for full payment of Deductibles, Co-Insurances, Co-Payments, services deemed as "not a benefit" or "non-covered" services
- Patients are responsible for payment of all **OUTSTANDING BALANCE** at the time of service. Copays are collected upon arrival. If payment is not made, you will be asked to reschedule it.
- Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. For minors, the parent who accompanies the minor for their first visit will be financially responsible for all charges incurred.
- Regardless of divorce settlements, the patient being seen is responsible for charges incurred.
- Our Medicare patients may be asked to sign an Advance Beneficiary Notice (ABN) form as required by Medicare for certain services
- Self-Pay Patients (no insurance) are required to pay \$130 at check-in for office visits.
- **Late Arrival Policy:**We have a 10-minute grace period after your scheduled appointment. Failure to arrive on time or within 10 minutes after your scheduled appointment will result in your appointment being rescheduled.
- We require 24-hour notice for canceling appointments. If notice is not received, we may charge a \$25 fee for standard appointments and \$75 for extensive appointments, such as physical exams and new patient visits.
- A fee will be charged for Medical Records requests, and payment must be made prior to release
- All claim information for an Auto Accident must be provided before treatment
- We do not participate with Workers' Compensation cases
- We reserve the right to turn any account over 90 days past due to a collection agency if it is deemed in default or noncompliance with this policy
- By signing this document, the Patient or Patient's Representative authorizes Cornerstone Family Practice and its' third-party billing and/or collection services providers to use all information provided by the Patient or Representative for contact, included cell phone, if required.

I hereby acknowledge that I have reviewed this policy and agree to the terms/conditions of the policy.

Minor (Child's) Name: _____ DOB: _____ Date: _____

Patient or Guarantor: _____ DOB: _____ Date: _____