

CARONDELET MEDICAL GROUP PATIENT PAYMENT POLICY

Welcome to Carondelet Medical Group. We are happy to have been chosen as your healthcare provider. Below outlines our payment policy to assist you.

PRIVATE INSURANCE

Carondelet Medical Group provides billing services for primary insurances; HMO's and PPO's at no charge to you provided we have an updated signature on file allowing us to file charges to your insurance. If there is no updated signature on file, charges will be dropped to patient responsibility.

HMO – PPO PLANS

Co-payments, deductibles and outstanding balances will be collected at the time of service at check-in. Current insurance cards and drivers licenses must be presented at the time of check-in. If no current insurance is presented at time of service, payment will be expected at time of service.

MEDICARE

We are participating providers in the Medicare program. This means that our total charges for Medicare covered services will be Medicare allowable charges. Of this amount, Medicare will cover 80% and the patient is responsible for 20%. Any non-covered charges by Medicare will be patient responsibility and due at the time of service unless covered by a secondary insurance.

SELF PAY PATIENTS

Carondelet offers a 33% discount to self-pay patients when paid at the time of service. A \$200 **deposit** is required at time of service. This is an ***estimate*** of charges with the discount already applied. Any charges above the \$200 will be billed to the patient.

STATEMENTS

Statements are sent each month. If payment has not been received after 2 statements, you will be charged an additional \$8.00 billing fee and your account will be turned over to a collection agency. Our office phone number and hours of operation are printed on each statement as well as email address for your convenience.

RETURNED CHECKS

There is a \$25.00 charge assessed to the patients account for all returned checks.

FORMS/LETTERS/MEDICAL RECORDS:

There is a charge for requested forms, letter or copies of medical records. There will not be a charge for medical records sent to any provider for continuing care.

PATIENT IS RESPONSIBLE FOR ADVISING OUR OFFICE OF ANY CHANGES TO THEIR ADDRESS, PHONE NUMBER, INSURANCE PLAN, PAYOR OR COVERAGE.

Please feel free to call the Billing Office if you have any questions at **520-833-5200**.

Patient Name (print): _____

DOB: _____

Patient Signature: _____

DATE: _____