

Patient Name:
DOB:
Age:
Gender:

PATIENT/RESPONSIBLE PARTY FINANCIAL POLICIES

Date: _____

In order to establish a complete understanding of the financial responsibilities associated with the care provided by Campbell Clinic, the financial policies outlined herein are provided for your review. If you have any questions about these, please feel free to ask one of our Patient Account Representatives for clarification.

It is our desire that you receive the maximum benefit possible from your health insurance. In order to achieve this, we need your assistance in providing complete and accurate personal and insurance information requested on our Patient Registration Form. Please complete this form in its entirety and provide your insurance card to be copied.

For patients for whom we have verified health insurance coverage, with an insurance plan with which we participate, we will submit a claim to your insurance company, but require payment of any unpaid deductible, copayments and coinsurance for services provided in the office at the time services are rendered. In the event your insurance company subsequently denies payment for services provided by Campbell Clinic, the responsibility for full payment rests with the patient or responsible party. For patients without verified health insurance, or with a plan with which we do not participate, we require payment in full at the time services are rendered. We do not accept third party liability, such as automobile insurance, pending litigation, and other indirect insurance responsibilities, and thus ask for full payment for your office care at the time services are rendered. We accept cash, check, money order, MasterCard, Visa, or Discover. Returned checks are subject to a \$20.00 processing fee.

For outpatient or inpatient surgical procedures, we require payment of the unpaid deductible, and applicable coinsurance and copayments, prior to the surgery. For surgical services covered by your health insurance, we will submit a claim to your insurance company; once the company has processed the claim, the patient or guarantor is responsible for any remaining balance. Any services not covered by insurance are to be paid in full prior to surgery. Custom orthotics will be charged at the time they are ordered.

We have found that many insurance plans provide payment at levels significantly lower than our fee. We take great care in setting our charges within the prevailing norms for similar services in this area. Many insurance companies no longer recognize these norms, but rather establish their own reimbursement schedules. If you find that your insurance plan does not cover certain services or pays below our usual charge, we encourage you to discuss such issues with your insurance carrier.

In order to accommodate the needs and requests of our patients, we have enrolled in numerous managed care insurance programs. While we are pleased to provide this service to you, it is extremely difficult for us to keep track of all the individual requirements of the plans. Within the same insurance company, plans may differ depending upon the type of contract your employer negotiated. Providing quality medical care for our patients is our primary concern; we are more than willing to provide that care within your insurance contract guidelines if you inform us at the time of service exactly what guidelines apply. Oftentimes preapproval or precertification for certain services or goods is required; accordingly, there may be a delay or wait if we are unable to obtain approval from your insurance company immediately. If you do not inform us of any special requirements in your contract and we subsequently order services, such as x-rays, physical therapy, medical supplies or equipment, which are not covered, we will bill you directly for those charges; payment is then your responsibility.

We ask you to assume responsibility for informing us if your coverage has any special requirements, such as precertification for hospital admission or surgery, second surgical opinion, or a referral from your primary care physician. If a referral is required under your insurance plan, it is the patient's responsibility to obtain the necessary approvals. We will be pleased to assist in providing clinical information to primary care physicians upon request, but ask that you obtain all necessary referrals in advance of your scheduled appointment.

Unless we have signed a participating provider or similar agreement with the insurance carrier, any charges not covered in full are payable by patient/guarantor. We ask you to remember that the ultimate responsibility for full payment, including any collection fees or late charges for our services, rests with the adult patient or guarantor.

I have read and understand this financial policy and agree to accept responsibility as described herein.

Responsible Party Signature: _____ Date: # _____