



FINANCIAL AGREEMENT

Patient Name: _____

If You Have Medical Insurance:

As a courtesy to you, IRMC Physician Group will bill your medical insurance company for the services that are provided by our office. In order for the claims to process correctly, please ensure that the information that is provided to our office is accurate and current. If there is a change in insurance information, please let us know immediately. We will submit claims to secondary/tertiary insurance as long as we are given the correct information.

Deductibles, Co-Payments, and Coinsurance:

Co-payments and deductibles are due at the time the service is rendered. Coinsurance and deductibles vary for each insurance policy and we can only approximate the percentage covered by each plan. You will begin receiving monthly statements with any balances after your insurance company has been billed. Delinquent accounts may be turned over to a collection agency.

Referrals and Authorizations:

A copy of your insurance card is required at every service. The card is descriptive and indicates whether or not an authorization is needed. If your insurance has designated a primary care physician (PCP), you must have any required prior authorization from your PCP prior to your specialty office visit. If authorization is not provided, whether by yourself or through your insurance carrier, you will be required to pay for the visit at the time of service or reschedule the appointment until authorization is received.

Non-Participating Insurance Accounts:

The financial obligations of patients who are insured by non-participating carriers are considered a self-pay account. Self-pay accounts apply to patients who are covered by carriers with which the practice does not participate or patients without an insurance card on file at the time of service. It is ultimately your responsibility to verify coverage for your particular plan. If the insurance company denies the claim for a plan provision (for example pre-existing conditions, maxed benefits, no outpatient service coverage), you will be responsible for the balance, and you agree to pay the full charge at the time of service.

Medical insurance coverage is a contract between you and your insurance company. IRMC Physician Group will not be involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc., other than to supply factual information as necessary. **You are ultimately responsible for the timely payment of your account.**

A Special Note:

In situations of divorce, separation, court orders, etc., the party initiating treatment will be financially responsible for the account.

Payment Methods:

- *We accept cash, check, Visa, MasterCard, Discover, and American Express.
- *A \$25 fee will be charged to all patients for any returned checks.
- *Accounts can be set up on payment plans if necessary at no additional cost.

We are committed to providing you with the best possible care and we are willing to discuss our professional fees at any time. Your clear understanding of our Financial Policy is important to our relationship. Please ask if you have any questions about our fees, Financial Policy, or your financial responsibility.

I acknowledge that I have read and agree to the above Financial Policy.

Signature: _____ Date: _____
Witness: _____ Date: _____

*Parent or Guardian must sign if patient is under 18 years of age.