



Clermont Medical Center  
BOARD CERTIFIED FAMILY PHYSICIANS

## CLERMONT MEDICAL CENTER FINANCIAL POLICY

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date: \_\_\_\_\_

### PAPERWORK POLICY

Please note that insurance companies will not reimburse us for completing paperwork. We reserve the right to change for the completion of forms, and other types of paperwork. The processing charge for these forms will start at \$25.00 and will depend on the paper work required. Medical Records will be charged at the rate of \$1.00 for the first 25 pages and every page after that .25 cents for each additional page.

### Forms

Blank forms will not be accepted. Personal information must be completed. The turnaround time is usually 4 business days. Forms are completed for those accounts in good standing. Outstanding balances need to be paid prior to forms being filled out. A request form must be completely filled out (this is given by our office, it is not on the website) prior to your forms being filled out. There is \$25 fee due when forms are completed. (If no appointment is needed) These forms are not faxed or mailed to patients or patient’s employer. They must be picked up at the office.

### SELF PAY POLICY

Patient is to pay for services in full and will get a discount if payment is made at the time of the visit. Any other service (test, procedure) other than the office visit will be an additional charge due at time of service.

### BALANCE

Balance due must be less than \$100.00 for patient to be seen. Patient will be notified prior to their office visit. Checks: Postdated payments will not be accepted. Returned non-sufficient funds will be charge \$35.00 in addition to the amount of the check and no future check payment only cash or credit card payment.

### PATIENTS WITH INSURANCE

We are contracted with several insurance carriers and we will bill the insurance company for you. Copayments and deductibles are due at the time of service. If insurance indicates any patient responsibility after claim process patient will received statement for the balance to be paid which patient needs to pay on received. Delinquent account will be subjected to send to collection.

### MEDICARE PATIENTS

We do file Medicare electronically and as a courtesy we will file your secondary insurance to Medicare. All Medicare deductibles are due and payable at the time service is rendered. We do not research insurance company denials.

### AUTO ACCIDENTS

We will file your auto insurance for you. We will not file with a third party auto insurance or with an attorney. Our Billing & Insurance Departments needs the following information to perform a successful filing: Name and billing address of the auto insurance, claim adjuster’s name and phone number, and the claim number. If there is a denial of your claims you will be held responsible for payment.

### RE-SCHEDULING

You will be charged a \$30.00 fee for re-scheduling same day of appointment.

### PATIENT NO-SHOW POLICY

Advance 24 hours notice is expected if you are not able to keep an appointment. You will be charged a \$30.00 fee for missed appointments. And a fee of \$15.00 for missed Lab appointment. We understand that, on occasion emergency situations may occur that prevent a 24-hour notice. These cases will be handled on an individual basis by our Insurance & Billing Department.

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I \_\_\_\_\_ (Patient, Guardian, or Parent) am aware of Clermont Medical Center’s Policy.

Print name

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Signature