



## 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 charge 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 work required. Copies of medical records will be charged at the rate of \$1.00 for the first 25 pages and 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.

### BALANCE

Balances are due at the time of the visit. Patients will be notified prior to their office visit if there is a balance due. Postdated checks will not be accepted. Checks returned for non-sufficient funds will be charged \$35.00 in addition to the amount of the check. In this instance, no future checks will be accepted, only cash or credit card.

### SELF PAY POLICY

Patient is to pay for services in full and will get a discount when 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.

### PATIENTS WITH INSURANCE

As a courtesy, we will bill your insurance directly if we are contracted with your insurance carrier. Copayments and deductibles are due at the time of service. Please note that your copayment and deductible are a contract between you and your insurance company. They will not be waived by our office for any reason. If your insurance indicates that there is any patient financial responsibility after a claim is processed, patient will receive a statement for the balance to be paid. This is due upon receipt of the bill. Delinquent accounts will be subject to collections.

### 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

As a courtesy, 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 Department 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. This information must be received before a patient can be seen in our office. If there is a denial of your claims you will be held responsible for payment. Any medical issues unrelated to an auto accident cannot be addressed at an auto accident appointment. These will need a separate medical office visit.

### RE-SCHEDULING

You will be charged a \$30.00 fee for re-scheduling within 24 hours of an appointment.

### PATIENT NO-SHOW POLICY

24 hours advanced notice is expected if you are not able to keep an appointment. You will be charged a \$30.00 fee for missed appointments. An appointment confirmation will be provided 3 days prior as a courtesy. It is your responsibility to keep up with your appointments as the no-show policy will still apply. 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

\_\_\_\_\_  
Signature