



Financial Agreement

IF YOU HAVE MEDICAL INSURANCE:

We will file claims to your medical insurance company for the services that are provided by our office. We are eager to help you receive your maximum allowable benefits but to achieve this goal, we need your assistance and understanding of our payment policy.

You will be asked to update your personal and insurance information periodically, including providing our office with copies of your insurance card. Please ensure that the information that is provided to our office on the patient information form is accurate and current. If there is a change in insurance information please let us know immediately.

IF YOU ARE SELF PAY:

Financial assistance is available for those that qualify. Please select one of the responses below:

I have received financial assistance applications for both the hospital and physicians clinics. I understand my application is due prior to scheduling additional visits or hospital procedures.

I have denied the financial assistance application and understand that all services provided by Ste. Genevieve Hospital and affiliated clinics are due from me. I will call to set up a payment plan prior to scheduling a hospital procedure.

PAYMENT FOR SERVICES:

Payment for services, including co-payment, deductibles, and coinsurance amounts are due at the time services are rendered unless payment arrangements have been approved in advance by our Central Billing Office. We accept cash, checks, debit, MasterCard, Visa, Discover and American Express. Our failure to collect these amounts may be a violation of our contract with your insurance company. In addition, your failure to pay the required co-amounts is a violation of your financial responsibility for coverage. Your insurance is a contract between you, your employer and the insurance company. We must emphasize that as medical care providers, our relationship is with you, not your insurance company.

GENERAL:

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact our billing office promptly at (573) 883-4477 to assist in the management of your account.

*You may have laboratory or diagnostic imaging services today. The fees for these services are not included in your clinic visit or co-pay. This is a notice to you as a patient that our clinic is part of Ste. Genevieve County Memorial Hospital and they will process your tests and bill you or your insurance for these tests. You may receive a separate charge or billing for the lab and imaging services you receive, which may result in a higher out-of-pocket expense. If you are required to use Quest Lab or another outside laboratory in order to receive maximum allowable benefits through your insurance company, please notify the office staff.

We are committed to providing you with the best possible care. If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. Thank you.

My signature below constitutes acknowledgement and acceptance of this policy.

Patient or Guarantor Signature

Date

FINANCIAL AGREEMENT

