**PATIENT FINANCIAL & PAYMENT POLICY**

Thank you for choosing **CORE** as your medical care provider. We are committed to providing you with high quality and satisfactory healthcare. Please carefully read and sign this form to acknowledge your responsibility and understanding of our payment and financial policy.

**Patient Responsibility:** The patient or patient’s guardian, if a minor (under the age of 18) is responsible for the payment for treatment and care. **Payment is due at time of service for co-pays, coinsurance and deductibles.** This arrangement is part of our contract with your insurance company. Failure on our part to collect from patients can be considered fraud. Any remaining balance will be billed to you and must be paid in full 30 days after receiving your statement.

**Self Pay Accounts / Patients Without Insurance:** We accept patients without insurance. Payment is due, in-full, at the time services are rendered. Our best efforts will be made by the clinic to estimate the total charges for your visit. Payment for basic visits are required up front. Any additional diagnostic testing, procedures, medications administered, and/or supplies/equipment used during the visit will be due, in-full, upon discharge. If you do not have insurance and wish to pay for your service at time of visit in full we offer a 15% discount.

**Insurance(s)**: It is your responsibility to provide us with your most **current** insurance card(s) and billing information. It is also your responsibility to know your insurance benefits and pay any remaining portion due after insurance processes your claim. All non covered services are your responsibility. If you have more than one insurance policy we will file with your secondary insurance. To do this, we will need to know which plan is primary and which plan(s) is secondary along with a copy of both your primary and secondary insurance cards.

**Payment Plans:** Payment plan options are reviewed on a case by case basis by management.

**Care Credit:** We recommend Care Credit to help with financing your medical services.

**Workers Compensation / Automotive Accident**: You are responsible for ensuring that your employer submits a “First Report of Injury form or illness”. If your insurance company denies the claim because your employer failed to file the notice, all service charges will become your responsibility. **Automotive Accident**: We will bill your auto policy in the event of an auto accident. If someone else is responsible for the accident, we will not bill his or her insurance. You will be responsible for our bill and you will need to seek reimbursement from the other party.

**Medical Records / Forms:** We will provide a copy of your medical records once at no cost, per course of treatment, upon receipt of a signed Medical Records Release. There will be a charge of $50.00 for additional requests and must be paid at the time the records are released.

**Refunds:** Any refunds due to patients will only be paid after insurance processes claim and can take up to 60 days after insurance payment is received and posted to your account.

**Core Medicine uses a third party company 3M Solutions, LLC to bill your insurance company on your behalf and Bonneville Collections, LLC to collect on accounts that are past due. Returned checks and balances older than 90 days are subject to collection fees. We require 24 hours notice for appointment cancellations. Failure to give a 24 hour notice will result in a $50.00 fee.**

**I understand that I am financially responsible for all charges regardless of third-party involvement. I agree to pay any deductible, co-insurance, copay, or any service(s) deemed as a “non covered benefit” by my insurance company. I understand that failure to pay outstanding balances within 90 days of receiving my first statement will result in the submission of my account to an outside collection agency.**