



PATIENT PAYMENT POLICY

Thank you for choosing MRH Medical Group. We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care. For your convenience, we have answered some commonly asked financial policy questions below. Please direct any question you have to the Business Office, Financial Counselor or Insurance Carrier.

Payment Options: Cash, Check, Money Order, VISA, Master Card, American Express and Discover Card, etc.

If You Have...	You Are Responsible...	Our Staff Will...
Commercial Insurance Regular Insurance or 80/20 % coverage	Payment of the Copay, Deductible.	Contact your insurance company and verify eligibility, copays, deductibles. Once paid file insurance claim as a courtesy to you.
HMO & PPO plans with which we have a contract	If the services you receive are covered by your plan, all applicable copays and deductibles are requested at the time of service.	Contact your insurance company and verify eligibility to determine copays, deductibles and noncovered services for you
HMO's with which we are NOT contracted	Payment in full will be required at the time of service.	Provide the necessary information for you to complete and file your claim directly with the insurance company.
Point of Service Plan or Out-of-Network PPO	Payment of the deductible; copay, noncovered services at the time of services. Your yearly \$183.00 deductible and/or 20% Coinsurance is due at the time of service.	Call your insurance company and determine out-of-network benefits, copays, deductibles and noncovered services. File an insurance claim on your behalf.
Medicare		File the claim on your behalf, as well as any claims to your secondary insurance.
Medicaid	Clinical Copay of \$3.00 is due at the time of services	File the claim on your behalf.
Workers Compensation	Your claim with your carrier. Payment is not required at the time of service. If we are unable to verify and information given is incomplete payment in full is required at the time of service.	Call your carrier/employer to verify accident date, claim address, claim phone number, claim #, employer information and approval.
No Insurance	Payment in full is due at the time of service. Financial Options and Applications are available. See Financial Counselor for more information.	Work with you to settle your account, if not able to finalize staff will refer patient to Financial Counselor for assistance.

I have read, understand and agree to the Clinic Patient Payment Policy. I understand that charges not covered by my insurance company, as well as applicable co payments and deductibles are my responsibility. I authorize my insurance benefits be paid directly to this facility.

I authorize this facility to release pertinent medical information to my insurance company when required, or to facilitate payment of a claim.

I understand the Clinic will contact me regarding any unpaid liability after response from insurance, and I will be expected to either pay this liability in full or set up arrangements at that time. Failure to pay in full or make adequate payment arrangements will result in further actions, to include, but not limited to, placement with a collection agency. I also understand that any quote made by the Clinic personnel at the time of registration is only an estimate made in good faith. Charges could be higher or lower depending on the services rendered. Final charges will be reflected on your first statement.

Date: _____ Printed Name: _____ Signature: _____