



Privacy Notice

I have been provided a copy of the "Notice of Privacy Practices."

Consent for Treatment

1. I give my permission to St. Mary's Clinic Network to provide health-care services to me or the minor child named below.
2. St. Mary's Clinic Network shall have the sole discretion to decide which person shall provide such services. I understand that services and treatment, results and treatment referral and consequent treatment, do not involve an exact science and the results are not always known or guaranteed.
3. Until St. Mary's Clinic Network is notified in writing by me, this consent shall remain in force.

St Mary's Clinic Network Financial Policy

Medicare Patients

1. We do accept Medicare assignment.
2. You'll be responsible for payment of your yearly Medicare deductible and co-insurance. If your secondary insurance sends you the payment, endorse the back of the check and send it along with a copy of the explanation of payment to our office immediately so your account can be credited for the payment on a timely basis.
3. **Medicare may not cover some annual exams and/or other services. These medically unnecessary or non-covered services may be your responsibility. The government, not this office, sets Medicare fees.**

Insured Patients

1. All insurance policies are different. It is your responsibility to understand your insurance policy, which providers are preferred, and any deductible or co-pays that may apply. **Some annual exams and/or other services may not be covered by your insurance and may be your responsibility.**
2. **Co-payments are due at time of the visit.**
3. Bring your current insurance card and any necessary referrals with you at the time of your visit. It's up to you to update us on your insurance information.
4. As a courtesy, we file all commercial insurance (meaning we don't have a managed care contract with them) claims at the time of service. If your insurance is a commercial insurance, and we don't have a response from them within 30 days, those charges will be transferred to patient responsibility, and you'll receive a statement.

Self Pay (Non-Insured Patients)

1. A minimum of \$53 for established patients and \$70 for new patients is due prior to being seen.
2. After you're evaluated and treated by a provider, you'll be asked to pay any additional charges.
3. Upon final review of your visit, if any additional charges are outstanding, you'll receive a statement from our billing office.
4. We accept cash, checks, Visa, MasterCard and Discover Card.
5. If you're suffering a financial hardship, a payment plan is available for qualified applicants.

Minors

1. Adults accompanying children or requesting services are responsible for payment, **regardless of who has custody of the minor or who carries the insurance on the patient.**

Collections

1. Accounts may be placed with a collection agency for non-payment on account, incorrect addresses or insufficient-funds checks.
2. Once your account is placed with a collection agency, you may be **withdrawn** from service (you or your immediate family members may not be seen) at all of the St Mary's Clinics until your account balance is paid in full.
3. Once your account balance is paid in full, you and your immediate family members may petition to be re-established as a patient at any of the St Mary's Clinics. You may be expected to pay for your visit in full and in cash until further notice.

Thank you for your understanding of our financial policy. Please let us know if you have any questions or concerns. Please sign below indicating you have received and read the information above.

Signature: _____ Relationship: _____
Patient or Guardian Date If other than Patient

Print Full Name Of Patient: _____ Signature: _____
Witness/Employee

