

Premier Community HealthCare Group, Inc.

Financial Policy and Procedure

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have questions regarding patient and insurance responsibilities for services rendered, we have developed this payment policy and procedure. Please read it, ask us any questions you may have and sign in the space provided at the bottom of this form. You will be provided a copy for your records.

Patient Payment Policy

1. **PATIENTS WITHOUT INSURANCE COVERAGE:** Patients who bring in Proof of Income (POI) will be required to pay a minimum fee ranging from \$25-75 at the time of registration. Patients who DO NOT bring in POI will be required to pay a minimum fee of \$75 at the time of registration. Any remaining balance for the visit will be collected at check-out. To continue to be eligible for discounted fees you will be required to update your financial information (POI) every 6 months.

2. **INSURANCE/MEDICARE/MEDICAID COVERAGE:** We participate in most insurance plans, including Medicare and Medicaid. Knowing your insurance benefits is your responsibility. If you are a covered by a plan that we do not participate in OR if you can not provide a current insurance card, full payment is expected at each visit. Please contact your insurance company with any questions you have regarding your coverage.
 - All co-payments/deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company.
 - We will submit your claim and will assist you as best as we can in getting your claim paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim may be your responsibility regardless of what your insurance plan pays or does not.
 - If your insurances changes, please notify us before your next visit so that we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim within 45 days you may be billed for the claim.
 - Please be aware that some (perhaps all) of the services you receive may be non-covered or not considered reasonable or necessary by Medicare and other insurers. In these cases for non covered services, you will be responsible for the fees and can apply for a discounted fee by providing required proof of income.

3. **NON-PAYMENT:** We will make every attempt to assist you and work out payment arrangements on your unpaid balances. However, if it is determined that you have the ability to pay and refuse to do so you may be denied future services and/or discharged from the practice.

4. **MISSED APPOINTMENTS:** We ask that you contact us 24 hours in advance when you need to cancel your appointment so that we can offer this time to another patient. Repeated missed appointments may result in discharge from future medical services.

Premier Community HealthCare Group, Inc. is committed to providing excellent medical care. We provide that care at a discounted rate based on the Federal Poverty Guidelines. The rule under which the Bureau of Primary Health Care administers our funding requires us to make every effort to obtain the appropriate payment from our patients. If you have any questions or concerns, please speak with our staff.

I have read and understand the payment policy and agree to abide by its guidelines.

Signature of Patient or Responsible Party

Date

Signature of PCHG Staff Member

Date