

Care Memphis Clinic, PLLC

Financial Policy

Effective September 17, 2016

Patient Name: _____

Thank you for choosing Care Memphis Clinic, PLLC as your health care provider. **Please carefully read and initial by each statement and sign below.** This policy has been put in place to ensure that financial payments due are recovered to allow us to continue to provide quality medical care for our patients. It is important that we work together to assure that payment for services is as simple and straightforward as possible. Our practice manager or billing department will be glad to discuss these policies with you.

1. _____ I understand that if I do not have my insurance card, referral, and / or co-payments, that my appointment may be rescheduled until such time that I can provide the required documents or payments.
2. _____ I understand that Care Memphis Clinic, PLLC will collect all copayments at the time of visit and any procedure deductibles and coinsurance up to an amount equal to payment in full for the planned procedure code. Payment in full and expected coinsurance payment responsibility are determined by the anticipated billing code(s), details of your insurance policy, and agreement between your insurance company and Care Memphis Clinic, PLLC. Any overpayment to your account will be refunded to you at your request after payment and/or remittance has been received from your insurance company.
3. _____ I understand that a \$25 service fee will be added for any checks returned for any reason and I will be responsible for payment of this fee and the amount of the returned check. NSF checks must be redeemed with certified funds (cashier's check, money order, or cash.)
4. _____ I understand that if I am unable to make a scheduled appointment I need to contact Care Memphis Clinic, PLLC at least 24 hours before my scheduled appointment time.
5. _____ Care Memphis Clinic, PLLC will allow 60 days from the date of filing for my insurance company to process or pay a claim. State law allows insurance companies operating in the state no more than 60 days to process claims. It is my responsibility to provide my insurance company with requested information needed to process a claim for services. It is also my responsibility to notify Care Memphis Clinic, PLLC if there is any change in my insurance coverage, residence, or phone number. ULTIMATELY, IT IS UP TO ME TO KNOW MY INSURANCE BENEFITS.