

# Patient Financial Policy Statement

The physicians and staff of Todd A. Moffatt, M.D. Surgery are here to service your needs as our patient. It is our goal to create an experience for our patient that hopefully will limit the amount of stress patient may encounter. Our PATIENTS FINANCIAL POLICY is intended to describe our expectations regarding the payment for services we provide. Unless otherwise noted, payment is due at the time of service.

Our staff is prepared to provide patients with any assistance or resources possible in making payment arrangements for service. We can help patients contact the appropriate entities to obtain the documents needed to insure proper payment such as referrals and pre-authorizations for procedures. We ask that patients recognize their responsibility to understand what services their insurance covers as well as what documents are required to assure that payment is made.

The FINANCIAL POLICY details the expectations of our medical group as they relate to patients making payment for provide services. Patients should acknowledge the following policy requirements:

1. The patient, or their designated guarantor, is responsible for payment of services.
2. All office charges, co-payments, and applicable deductible amounts are due at the time of service.
3. The provision of an insurance card for payment of services will be accepted and filed on behalf of the patient; however, the patient is still responsible for payment if their insurance coverage fails to adequately provide payment in timely or appropriate manner. If you do not have your insurance card, you will be considered a self-pay patient.
4. Submitting an expired insurance card or someone else's insurance card is insurance fraud.
5. It is the obligation of the patient to obtain and provide any referral notifications required by the patient's insurance carrier. Without the appropriate referral the patient's appointment may be rescheduled.
6. Arrangement for co-insurance payment estimates must be made prior to the scheduled surgery date in order to prevent possible delays in providing the service.
7. Patient account balance are due within 30 days of the receipt of the billing statement unless otherwise specified.
8. Account balances over 60 days old may be charged interest at the highest rate allowed by law.
9. Patient may contact our patient accounts representative to make payment arrangements. After 90 days, if no arrangements have been made for payment, or if no payments have been received, then collection proceedings will begin.
10. Delinquent accounts may be assigned to a collection agency. All collections cost will be added to your outstanding balance and will become an additional cost to you. We will not be held responsible for any collection agency fees.
11. From time to time, various forms including but not limited to disability and FMLA forms need to be filled out. There is a \$25.00 fee to complete each form. There is a \$6.50 fee to copy medical records.
12. We accept MasterCard, Visa and Discover Cards. Checks returned for closed accounts or non-sufficient funds will be charged a \$30.00 service fee and sent to the McLennan County DA's office.
13. I authorize direct payment of medical benefits to Todd A. Moffatt, M.D. Surgery for services furnished to me.
14. I consent to the use & disclosure of protected health information about me for the purposes of treatment, payment & health care operations.

We asked that each (patient/guarantor) sign the document as part of his or her registration at Todd A. Moffatt, M.D. Surgery in accordance with the following statement:

"I \_\_\_\_\_, (patient/guarantor), acknowledge that I have received and read his financial policy statement."

---

(Patients/Guarantor Signature)

(Date)