

## MJ MEDICAL GROUP PAYMENT POLICY

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 had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. **Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. Remember, a quote of benefits is not a guarantee of payment. You are ultimately responsible for any charges not covered by your insurance plan.
2. **Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment when checking in at the front desk at each visit. We accept cash, credit cards and checks with proper ID. Please note there is a fee of \$25.00 for each returned check.
3. **Non-covered services.** Please be aware that your insurance company may not cover some – and perhaps all – of the services you receive. Some companies, including Medicare, may consider certain services not in benefit and/or not medically necessary. You must pay for these services, in full, at the time of your visit.
4. **Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance card at each visit to verify proof of insurance. If you fail to provide us with the current and correct insurance information in a timely manner, you will be responsible for payment of charges for services rendered.
5. **Claims submission.** We will submit your claims as a courtesy to you. We will try to assist you in any way we reasonably can in order to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request(s). Please be reminded that any charges related to your doctor visit(s) are ultimately your responsibility. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. If your insurance company does not pay your claim within 45 days of submission, the amount owed to MJ Medical Group will become your responsibility. You will be expected to make prompt payment to us upon receiving an invoice for services rendered. You will then be responsible for working with your insurance company to get reimbursed.

6. **Coverage changes.** If your insurance changes, you must notify us before your next visit so that we can make the appropriate changes necessary to help you receive your maximum benefits.
7. **Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 10 days to pay your account in full. Interest will begin to accrue on all unpaid balances at the rate of 21% annually. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this should occur, you will be notified by registered courier (Federal Express) or certified mail. You will then have 30 days to transition your (or your family's) medical care to a new provider. During that 30-day period, our physicians will only be able to treat you on an emergency basis.
8. **Missed appointments.** Our policy is to charge for missed appointments not cancelled within 24 hours of the scheduled appointment time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary fees for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy as outlined above and agree to abide by its content.

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Signature of patient or responsible party

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Date