

**ROLLING PLAINS RURAL HEALTH CLINIC
ROLLING PLAINS PHYSICIAN OFFICE**

FINANCIAL POLICY

We are committed to providing you with the best possible care. We regard the complete understanding of your financial responsibilities as an essential part of your care and treatment. Following the recent review of our practice, we have revised our financial policies.

- ❖ Rolling Plains Rural Health Clinic and Rolling Plains Physicians Office accept many insurance carrier's assignment of benefits. Therefore, as a courtesy to our patients we will bill these insurance companies directly. Please remember however, that your insurance policy is a contract between your insurance company and you. We are not a part of that contract.
- ❖ We will require you to pay your authorized portion of the bill at the time of service. Rolling Plains Rural Health Clinic and Rolling Plains Physicians Office's policy is to collect this amount when you arrive for your appointment.
- ❖ If you have insurance coverage with a plan for which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means your insurance company will send the payment directly to you. In this case, the charges for your care and treatment are due at the time of service.
- ❖ Not all services are covered benefits in contracts. Some insurance companies arbitrarily select certain services that they will not cover. We must emphasize that as medical care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patient, all charges are your responsibility from the day the services are rendered. We realize that temporary financial problems may affect timely payment on your account. If problems do arise, we encourage you to contact us promptly for assistance in the management of your account.
- ❖ As a courtesy to our patients, we will bill your health plan for all services provided in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.
- ❖ If you do not have insurance, payment in full is due at the time of your visit. For your convenience, we accept Visa, Mastercard, Health Savings Account cards, Debit cards, check, money order or cash.
- ❖ For all services rendered to children we ask the adult/parent/guardian accompanying the child for payment. If a divorce decree requires the other parent to pay all or part of the treatment costs, it is the responsibility of the authorizing parent to collect from the former spouse.
- ❖ Our billing department will mail you three monthly statements to make you aware of your balance due and request payment directly. If payment in full is not received within the three month period your account will begin the collection process. This process can affect your medical services and credit report. If you feel there is an error in your statement please notify our office immediately to allow us to make corrections within insurance policy requirements. A service fee of \$25 will be applied to all past due accounts.
- ❖ If you have any questions about our financial policies you may contact Lisa Linebaugh, accounts manager at 325-235-8641, ext. 312.

Signature

Date