

FINANCIAL POLICY CORE@MOSM

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our payment policy.

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance and co-payments for participating insurance companies. CORE accepts cash, personal check (in-state only), VISA, MasterCard, Discover, and American Express. There is a \$35 service charge for returned checks.

INSURANCE:

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible, coinsurance, and co-payments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges.

Please remember the deductible, coinsurance, and co-payment are what your insurance requires we collect and is an agreement between you and your insurance company.

If you need billing assistance or have questions, please contact the CORE@MOSM Billing Coordinator between 8:00 a.m. and 4:30 p.m., Monday through Friday at 972-395-2233.

PAYMENT PLANS:

If you are unable to make payment or pay the amount due, we offer a payment plan option to assist with your medical care. Please ask to speak to the CORE@MOSM Billing Coordinator for details.

REFUNDS:

Overpayments will be refunded upon written request to the responsible party within 30 days.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. A \$25.00 fee may be enforced for no shows or late cancellations. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand the CORE@MOSM Financial Policy. I agree to assign insurance benefits to the CORE@MOSM whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

Signature of patient or authorized representative

Date