



**Genesis Medical Associates, Inc.
Financial Policy Acknowledgement**

Whether you are new to Genesis Medical Associates, or if we have had the pleasure of serving you over the years, we would like you to be aware of our financial policies, providing high quality medical care to you and your family is a matter of personal satisfaction for our physicians and providers. When you or a family member is in need of medical care, we are happy to take care of your needs. When you utilize our services you are responsible for all costs incurred. An understanding of our financial policies is essential. If you have any questions regarding our policies feel free to discuss them with our staff.

Your Insurance

Please understand that as healthcare providers our primary relationship is with you, not your insurance company. As a courtesy and convenience to you we will file claims for all our patients. In order to do this we need current and accurate insurance information:

1. Please bring your current insurance card to every appointment.
2. Payment of co-pays and other payments due are required at time of service due to insurance regulations.
3. You may contact our patient accounts/billing department with any questions regarding your account.

If you do not pay your co-pay or other required payment at time of service you will incur a service fee of \$5.00 each time you have an office visit in addition to all office related charges.

Genesis Laboratory Testing

Genesis performs many of the patient lab testing in its own federal and state approved laboratory and will bill your insurance for these services. If your insurance company determines that the testing performed is not medically necessary then you, the patient, are responsible for payment.

Managed Care Patients

Genesis currently contracts with a number of health plan carriers. Though we submit claims to these carriers you are responsible for co-payments, co-insurance, and deductibles at time of service according to the terms of your health plan agreement. Patients are expected to pay this at the time of the office visit.

Commercial Insurance Patients

If we are provided with accurate billing information and if we participate/contract with your commercial health plan carrier we will submit your claim to your insurance provider. We will allow 60 days for your insurance to pay claims after which we may require payment from you. If your insurance pays you directly, you are responsible for paying Genesis Medical Associates.

Medicare Patients

Genesis Medical Associates accepts Medicare assignment. If you have a Medicare supplemental insurance plan Genesis will file your claims as a courtesy to you. You are responsible for any deductibles/co-insurance amounts not paid by Medicare or supplemental insurance coverage.

Workers Compensation/Auto Insurance

Genesis Medical Associates will file to your Workers Comp/Auto Insurance carrier if we are provided with the proper information to do so. We need the name of the insurance company, the date of the injury, and the claim number. You will be billed for services if we do not have the required information.

Self-Pay/High Deductible Patients

You are responsible for full payment at time of service. All charges must be paid in full unless you have a signed payment plan. Patients enrolled in Health Savings Accounts/High Deductible Plans are responsible for payment of the deductible at time of service.

Payment Methods

We accept cash, checks, VISA, MasterCard, Discover, and debit cards. We do not accept post-dated check nor will we hold checks for any length of time. Genesis will charge a \$35.00 fee for returned check and require future payments to be made with cash or credit/debit cards only.

Patient Initials _____

No Show/Cancellation Policy

Patients who fail to show for their appointment will be charged a \$50.00 fee. Three (3) consecutive no shows or a continued pattern of no shows may be cause for dismissal from the practice. If an appointment is cancelled with less than 12 hours notice a \$25.00 fee will be charged. If an appointment is cancelled with greater than 12 hours of notice no fee shall be charged. Existing patients will not be charged no show/cancelled appointment fees in the following circumstances: severe weather, patient or family hospitalization, patient or family death, or other circumstances as determined by the Practice Director.

Completion of Forms

In the event that you have forms to be completed by your physician/provider Genesis Medical Associates charges a \$10.00 fee per form. Payment is due upon completion of the form. Under certain circumstances your physician/provider may require an office visit in order to complete these forms. If this is required the form fee will not be charged.

I have read the above and understand my financial responsibilities as a patient.

Patient Signature/Date

Witness Signature/Date

Patient Print Name

_____/_____/_____
Date of Birth