



Patient Name: _____ Date of Birth: _____

Financial Payment & Attendance Policy

Thank you for choosing Matthews-Vu Medical Group as your primary care provider. As part of our commitment to offer quality medical and affordable health care, we are also committed to building a successful provider-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. If you have any questions about our fees, or your responsibilities, please ask. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance, etc.).

1. **Insurance** – Our practice participates in most insurance plans, but if you have an insurance plan that we do not accept, you will be responsible for payment for all services. Your insurance benefits are a contract between you and your insurance company; it is your responsibility to understand your insurance coverage. We must have your complete and up to date insurance information at each appointment. If we do not have this information, we cannot file all applicable office charges with your insurance company, and you will be responsible for payment for services rendered. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If the provider deems **medical necessity** for certain services/test and these services/tests are not covered or not considered reasonable or necessary by your insurance, you will be financially responsible. **For newborns**, we will provide care for **60 days** of life under an insurance pending status while the child's application for insurance is being processed. If the child's application is denied or not processed within 60 days, the outstanding visits will be changed to self-pay and all self-pay policies will be applied to any outstanding claims for the child.
2. **Co-payments and deductibles** – **All co-payments, deductibles and/or co-insurance must be paid at the time of service.** We accept Cash, Checks, Master Card, Visa, American Express or Discover. If you are not able to pay at the time of service, you must call the business office and set up a payment plan prior to your appointment. We must collect co-payments and deductibles at the time of service as this is part of our contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. If you have a **high deductible health insurance plan** you will be required to pay a **deposit of \$70** at each visit (unless you have a letter from your insurance company stating, you have reached your deductible). You are responsible for working with your insurance company to know if you have reached your deductible. If you pay \$70 and the insurance company determines that you have already met your deductible, the business office will issue a refund.
3. **Self-pay Accounts** – You will be considered self-pay if you do not have insurance coverage, or we do not have your correct insurance information on file. Self-pay patients scheduled for **non-urgent** visits will be required to make a **deposit of \$70 prior to each visit.** After the visit a claim will be generated for any additional charges and a final bill will be determined and reconciled against the payment paid at time of service. If a balance is due, you will be responsible for paying the remaining balance. If a refund is owed to the patient, the business office will issue a refund. For **Urgent Care** visits, a flat fee of **\$150** will be due up-front before being seen and any additional costs will be paid immediately after the visit.
4. **Return Checks** – The charge for a returned check is \$30 payable in cash or credit card. This will be applied to your account in addition to any bank-insufficient-funds charge incurred by the practice. You may be placed on a cash or credit card only basis following any returned check.

5. **Outstanding Balance Policy** – You will receive a monthly statement with any outstanding balance of \$5.00 or more. Please be aware that the balance after insurance pays is your responsibility. If your insurance company does not pay your claim in 60 days, the balance may be billed to you. You can make payments by paying with a check or by going online and using the patient portal to process a credit card payment. You can also call the billing office at (719)884-2799 to process a credit card payment over the phone. If your account becomes past due over 60 days, you will receive a phone call. On a case-by-case basis, a payment plan can be established with a credit card on file.
6. **Nonpayment** - If there was no attempt on your behalf to contact and set up a payment plan, and your account is over 60 days past due, you will receive a letter stating you have 30 days to pay your account in full. Please be aware that if the balance remains unpaid, we may refer your account to a collection agency (patient responsible for collection fees) and you, and your immediate family members, may be discharged from this practice. If this occurs, you will be notified by regular mail that you have 30 days to find alternative medical care. During that 30-day period, our providers will only be able to treat you on an emergency basis.
7. **Late Appointments** – Matthews-Vu Medical Group asks all patients to arrive at least 20 minutes early for their scheduled appointment. If you check in **15 minutes or more after your appointment time**, your appointment is not guaranteed. We will determine if we have openings with the same provider or with another provider on a case-by-case basis.
8. **Missed Appointments** – Matthews-Vu Medical Group requires a minimum 24-hour notice for rescheduling appointments or cancellations. **Missed appointments not cancelled or rescheduled at least 24 hours prior to the appointment will be charged \$50.00.** (This does not apply to Medicaid patients per Medicaid rules) If you miss 3 appointments within a 12-month period, we may request a \$50 deposit prior to scheduling another appointment and you may be subject to discharge from the practice following continuity of care guidelines.
9. This financial payment and attendance policy helps the office provide timely quality care to our valued patients. Our prices are representative of the usual and customary charges for our area. Please let us know if you have any questions or concerns.

ASSIGNMENT AND RELEASE / MEDICARE AUTHORIZATION

I request that payment of authorized medical benefits to include all Medicare benefits be made on my behalf to Matthews-Vu Medical Group for any services provided to me. I authorize any holder of medical information about me to release to the insurance payor and/or the Center of Medicare and Medicaid Services, or its agents, any information needed to determine benefits payable for billed services. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. My signature authorizes the release of information to the insurer or agency shown in Medicare assigned cases, Matthews-Vu Medical Group agrees to accept the determination of the Medicare carrier. The patient is responsible for the deductible, coinsurance, and non-covered services. Coinsurance and the deductible are based on the charge determination of the Medicare carrier.

Patient/Guardian Signature

Date