

APEX Medical Group, KD Medical Group, and Padres Imaging Center Financial Policies

We would like to thank you for choosing APEX Medical Group as your medical provider. We have written this policy to keep you informed of our current financial policies.

No Insurance: Payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements with the Billing Manager or the Quality Manager. Our practice serves all patients regardless of inability to pay. Discounts for essential services are offered depending on family size and income. You may apply for a discount at the front desk.

Insurance: Although we are contracted with several insurance companies, it is your responsibility to make sure that our office is a contracted provider in your plan. It is also your responsibility to know your insurance benefits.

As a courtesy to our patients we will file insurance claims from our office. In order to do this we will require information from you. We will need all your demographic and insurance information prior to your appointment. We also request an update of this information every year (the beginning of the year) thereafter. We ask that at the time of your appointment you bring in your insurance card and photo ID as well as any other information that will assist in making sure your claim is filed correctly.

At the time of service, and if applicable, you will be responsible for all fees that are not covered by your insurance, including co-pays, co-insurance, deductibles, and non-covered services or items received. The co-pay cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier. We strive to be as accurate as possible in calculating your responsibility but, with so many variations in policies and fee schedules, we are not always exact. You may receive a statement from our office for any balance due. For your convenience, we accept cash, checks and credit cards (Visa and Mastercard), and money orders. Payments are also accepted by phone.

Statement to Permit Payment of Medicare Benefits to Rural Health Clinic: I request payment of authorized Medicare benefits on my behalf for any services furnished by APEX Medical Group, Inc. I authorize any holder of medical and other information about me to release to Medicare and its agents any information needed to determine these benefits for related service.

Auto Accident/Liability Injury: If your injury is a result of a motor vehicle accident, we will file claims on your behalf with your auto insurance company, only if you have medical payments on your policy. If your injury is a result from another party's negligence, you are required to pay for service and then collect from the responsible party. We will not file your insurance but will provide you a receipt to do so. We regret any inconvenience this may cause.

Worker's Compensation: If your injury is due to an accident in your work place, please inform the receptionist immediately. We are not authorized to treat you for this type of claim. You will need to contact your employer for instructions on how to file a worker's compensation claim. We regret any inconvenience this may cause.

Medical Records: We will provide you a copy of your medical records upon request and for a fee of \$20.00. You will need to sign a letter of release prior to having them copied. Please allow up to 30 days for this request to be processed.

Billing: If you receive a bill from our office, it is because your insurance has stated the balance is your responsibility. Please contact our billing department if you have any questions about your bill. If you cannot pay the entire balance in full, please call to make payment arrangements.

Collections: Accounts that are not paid in full within 30 days begin our in-house collection process. If your balance becomes 90 days old, your doctor will be notified and you may be subject to dismissal from the practice and further collection activity from an outside collection agency.

Acknowledgement:

I acknowledge that I have received and read a copy of the **APEX Medical Group, KD Medical Group and Padres Imaging Center office and financial policies.**

Signature of Patient or Guardian

Date

Witness
