

## **MEDICAL CENTER OF STAFFORD FINANCIAL POLICY**

It is the goal of the Medical Center of Stafford to provide you with the finest of medical care available at a cost that is both fair and reasonable. Your understanding of our financial policy is essential.

Our office submits insurance forms as a courtesy and service to our patients. We are not obligated to perform this service except for plans which we have a participating agreement.

**IT IS YOUR RESPONSIBILITY TO PROVIDE US WITH COMPLETE INSURANCE INFORMATION INCLUDING SUBSCRIBERS NAME, DATE OF BIRTH, ADDRESS, SS# AND EMPLOYER AND TO INFORM US OF ANY CHANGES THROUGHOUT THE YEAR. WE CANNOT FILE CLAIMS WITHOUT THIS INFORMATION.**

### **PPO'S. POS'S:**

We participate with many PPO's & POS'S plans (Trigon Blue Cross Blue Shield, Alliance, First Health, and Private Healthcare Systems). Plan participation is subject to change. You are responsible for your co-pay at the time of service. You are also responsible for any deductibles, co-insurance or charges denied by your insurance as non-covered services. You are bound by your plan to know their rules and guidelines. Any questions as to why your plan paid or denied a claim should be directed to your plan as it is impossible for our staff to be familiar with the requirements of all group plans as they can vary widely within the same plan.

### **HMO'S:**

We DO NOT participate with any HMO Plans. It is your responsibility to get a referral from your PCP or plan directly. You will be required to sign a waiver stating you are aware that we do not participate and you may be responsible for the charges incurred.

### **MEDICARE & CHAMPUS/TRICARE:**

We DO NOT participate with Medicare or Champus/Tricare. We will file your claim for your reimbursement, however payment in full at the time of service is required.

### **MISCELLANEOUS INSURANCE PLANS:**

Any insurance plan the Medical Center does not have a participation contract with, payment at the time of service is required. We will file your insurance claim as a courtesy.

### **SELF PAY:**

If you are not covered by any insurance plan, payment at the time of service is required. Any financial arrangements must be made before you see the physician.

### **WORKER'S COMPENSATION:**

We will bill for services that have been pre-authorized by your employer or work comp insurance carrier. If no payment has been received within 60 days you will receive a statement. After 90 days, these charges become your responsibility. It is important to follow closely with your employer to make certain these charges are paid in a timely manner.

We realize that as health care changes, confusion can occur. We will be happy to assist you in any way possible.

**I HAVE READ AND UNDERSTAND THE ABOVE POLICIES AS THEY APPLY TO ME,  
THE INSURANCE COVERAGE INFORMATION AND MEDICAL CENTER POLICY.**

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Patient/Guardian's Signature

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Date