

**Mercy Doctors Medical Group
Patient Information Add/Change Form**

Billing Address (if different from Residence)

Last Name First Name Middle

Address Apt. #

City State Zip

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Home Phone (H) Work Phone (W) Other/Cell (O)

Relationship (if different from Patient) Best phone number for calls & messages: (H) (W) (O) (Circle)
(Subject matter never left on message)

MERCY DOCTORS MEDICAL GROUP
Office Policies

12. The patient must provide active proof of insurance at sign in. We will verify eligibility, deductible, co-payment, and/or co-insurance with the insurance company. The patient understands that ***they are financially responsible for all charges, whether or not paid by the insurance carrier.*** Verification of benefits is not a guarantee that an insurance carrier will pay a claim. Upon receiving a claim, the insurance carrier makes the final determination of coverage, based upon the plan's level of coverage and associated policies. It is the patient's responsibility to know their coverage limits and rules of their insurance plan as well as their physician's active participation in the patient's particular plan. *Please be aware that insurance coverage is between the patient and the insurance carrier. Problems relating to a patient's coverage should be resolved between the patient and their carrier*
13. Co-payment must be paid when the patient signs in. There is a **\$10.00** processing charge to have the co-payment billed to the patient.
14. Co-insurance and any unmet deductible are collected at the time of service. Actual charges may differ once the claim is processed by the insurance carrier. The patient may receive a refund or a balance bill.
15. If payment is fully or partially denied, the patient understands that they will be billed directly for services rendered, and the patient agrees to be personally and fully responsible for payment within **90 days**. We will bill the patient for charges allowed, but not paid, by the patient's insurance plan. We will charge a fee of **\$30.00** for any returned checks.
16. If the patient is not covered by health insurance, payment in full is expected at the time of service. We can submit a claim on the patient's behalf if the patient later wishes to submit a claim to their insurance carrier. The patient may receive the appropriate refund if and when the practice receives reimbursement from the insurance carrier.
17. We currently participate in a number of insurance plans. Participation can and does change. We bill these companies for our patients and as a courtesy, we bill insurance companies that we do not have a contract with.
18. Patients are responsible for obtaining necessary referrals from another physician before the appointment time. If the patient's insurance plan requires an authorization or referral to see a specialist, the patient must convey active and correct insurance information at sign-in. If, not, the patient may be responsible for the visit with the specialist. The patient must allow **five (5)** business days for non-emergency referrals/authorizations. **THE PATIENT SHOULD NOT MAKE AN APPOINTMENT WITH A SPECIALIST UNTIL THEY HAVE OBTAINED A REFERRAL OR PRIOR AUTHORIZATION!** Please do not arrive at another physician's office without a referral as we cannot accommodate these requests without notice.
19. Repeated mailing of statements is costly. Unpaid balances are processed for collection after 90 days without response on the account. The patient agrees to pay all costs of collection.
20. We ask for **24 hours** notice for cancellations or reschedules. If the patient fails to appear for their appointment or cancels or reschedules less than **24 hours** prior to the scheduled time, the patient will be subject to a **\$25.00** cancellation fee. The patient will be deemed to have cancelled if the patient is more than **one (1) hour** late for their appointment.
21. Because of the volume of paperwork, our office must charge a fee for record copying (including billing records), form completion, and custom letters. We require **five (5)** business day's notice for these requests.
22. ***Co-pays and co-payment billing fees, cancellation fees, returned check fees, collections costs, records copying and forms completion fees are not reimbursable by insurance.***

Policies are subject to change without notice.