



Financial Policy – Effective January 2016

Política financiera – efectivo Ene de 2016 (versión en español disponible en clínicas o en www.cpgclinics.com)

We would like to thank you for choosing Community Physicians Group (CPG) as your healthcare provider. CPG is committed to providing you with the best possible medical care. We are sure you understand that payment for this healthcare is your responsibility. The following information outlines your financial responsibilities related to payment for professional, laboratory and diagnostic services.

For Our Patients With Medical Insurance Benefits:

CPG participates in most major health plans. We have contracts with many HMO's, PPO's, insurance companies and government agencies including Medicare and Medicaid. **It is the patient's responsibility to make sure the CPG Provider selected participates in your health plan network by first contacting your insurance company or the physician clinic office.** Our business office will submit claims for any services rendered to a patient who is a member of one of the plans accepted by our clinics and will assist you in any way we reasonably can to help get your claims paid. It is the patient's responsibility to provide all necessary information before leaving the office. If you have a secondary insurance we will automatically file a claim with them as soon as the primary insurance has paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply timely with their request.

Please bring your insurance card with you to each appointment.

If you are insured by a plan we do business with, but don't have an insurance card with you, payment in full for each visit is required until we can verify your coverage.

If a patient is a member of an insurance plan with which we do not participate, payment in full is due at the time of service.

Co-Payments/Deductibles: Are required at time of service.

Your insurance company requires us to collect co-payments at the time of service. Waiver of co-payments may constitute fraud under state and federal law. Please help us to uphold the law by paying your co-payment at each visit. For your convenience we accept cash, checks, or the following credit cards: Visa, MasterCard, American Express, Discover, and bank debit cards. You may also submit payment on our website: www.cpgclinics.com once registered. When you provide a check as payment, you are authorizing CPG to clear your check electronically. Electronic transactions may clear the same day we receive payment. A returned item may also be represented electronically. Notations made on checks or other accompanying materials will not secure your rights. A return fee of \$25 will be charged for electronic payment rejection or returned checks.

If you do not have your co-payment, your appointment may be rescheduled. Additionally, you may have coinsurance and/or deductible amounts required by your insurance carrier. Any outstanding balance on your account, after adjusting for all of your insurance's responsibilities, will be collected at time of service.

Waiver of Patient Responsibility:

It is the policy of the clinic to treat all patients in an equitable fashion related to account balances. The practice will not waive, fail to collect, or discount co-payments, co-insurance, deductibles, or other patient financial responsibility in accordance with state and federal law, as well as participating agreements with insurance payers.

Non-Covered And Out Of Network Services:

Medical services that are considered by your insurance company to be non-covered, out of network, or not medically necessary will be your responsibility to pay at time of service.

Coverage Changes:

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. Failure to provide current insurance information in a timely manner could create unpaid claims which will be your responsibility to pay.

For Our Patients with No Medical Insurance:

If you do not have group or individual medical insurance, payment for all professional services and labs, or diagnostic testing is expected at the time of your visit. **Please note, we offer a discount for patients without health insurance when services are paid in full at the time of service.**

Late Arrivals:

A patient who arrives more than 15 minutes after his/her appointment is considered a late arrival. A late arrival (not considered to be the responsibility of the Clinic), will be registered and worked into the schedule if possible. If the patient is more than 30 minutes late, the appointment may be rescheduled.

Appointment No Shows:

Any patient who fails to arrive for a scheduled appointment without calling the office to cancel at least 4 hours prior to the scheduled time is considered a "no-show". A patient who fails to present themselves **two or more times** for scheduled appointments (without 4 hours prior notice) is considered a "chronic no-show" and a fee of **\$20** will be charged to your account for not presenting to your appointment. Further, a patient who is a no-show **three times consecutively** is subject to dismissal from the provider's practice.

Delinquent Balance Appointment/Non-Payment:

Patients with a delinquent account balance are expected to make payment in full at time of service. A delinquent account balance is defined as a **patient responsible balance** in excess of 90 days and the patient **has not** made any payments or sought payment agreement terms due to financial hardship during this time. If such payment is not made, patient may receive a 30-day discharge notification that services will no longer be provided at any CPG clinic. Upon payment in full, patient may be reinstated and future appointments scheduled at the provider's discretion. If you are a patient guarantor, your immediate family members are subject to discharge notification also if the family member has a past due balance as well.

Payment Plan:

Please let us know if you are having difficulty paying your account. We may be able to help you by setting up a payment plan based on the clinic policy and considering outstanding balance due. Please call (479-549-4350) Ext 2131 for assistance or you may speak to the Office Manager at your Clinic for assistance with a payment plan as well. Keeping a payment plan current is necessary to continue clinic visits and prevent collection agency activity.

Prior Consent to Contact:

Patient, Guarantor, or Consumer acknowledges Community Physicians Group (CPG) must be able to communicate with me and have current information about me, my address, my phone number(s), employment or other contact information that may assist in locating me or communicating with me. Consent to contact me extends to CPG employees and other CPG authorized service providers or affiliated health care providers, physicians, independent contractor, or otherwise contracted entity (including but not limited to billing or collections services).

I understand the purpose of this consent is to authorize the delivery of calls to me at my home, including, but not limited to, using an automatic telephone dialing system or an artificial or prerecorded voice, or calls to a telephone number assigned to a paging service, or cellular telephone service. I consent to receiving text messages, other forms of electronic messages such as email, or other electronic communication sent or directed to me through any medium, no matter how the authorized entities obtain such contact information and/or where patient may or does incur a service provider fee to receive such communication.

I consent and authorize CPG and CPG authorized service providers to communicate with me for any reason, including reasons related to the services provided or services to be provided in the future, including collection of amounts owed for said services, via the telephone number(s) I provide or that is provided on my behalf, or any phone number that any CPG authorized service provider obtains or finds on its own which is not provided by me.

As a patient, guarantor or consumer, I promise to immediately notify CPG or an authorized service provider if any telephone number or email address or other unique electronic identifier or mode of communication that I provided changes or is no longer used by me. I agree that the consent and authorizations I have provided here may be revoked only in writing addressed to the Clinic Provider and any CPG authorized service provider.

Finally, I understand that CPG and CPG authorized service providers have relied upon my statements and information provided and promise to fulfill my obligations as referenced. I intend for all CPG authorized service providers as a third party to benefit from this consent to contact I have provided herein. This consent also extends to and is binding upon my heirs, spouses, and all others acting legally on my behalf.

By signing, I understand and agree to the CPG Financial Policy and Prior Consent to Contact information provided.

Patient Name: _____
(Please Print)

Patient Date of Birth: _____

Signatures:

Patient / Guarantor

/Date

Clinic Representative

/Date