



FINANCIAL POLICY

To ensure that Cardinal Internal Medicine has financial stability and can continue to provide medical services to the community and region, the following credit policies shall be enforced:

- Payment Responsibility** The patient or his legal representative is ultimately responsible for all charges incurred.
- Uninsured Patient** A 10% discount is given to all uninsured patients. Payment is due at time of Service.
- Payment Methods** The following payment methods will be accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, and American Express
- Non-covered Services** Payment for all charges which are not covered by insurance is due and payable at the time of service. A pre-treatment deposit may be required.
- Assignment of Benefits** Cardinal Internal Medicine will bill primary insurance plans as a courtesy to its patients if the patient provides the required insurance information and signs an assignment of benefits.
- Prior Unpaid Accounts** Prior to providing services, payment of prior outstanding accounts may be requested and should be received or specific payment arrangements be approved by the Practice Administrator.
- Delinquent Accounts** Patients with unpaid delinquent accounts which have been written off to bad debt may be denied treatment if not medically required.
- Third Party Litigation** The practice will not become involved in disputes arising from third party claims (i.e., automobile accidents, liability claims, etc.) with the exception of verified Workers' Compensation claims, or claims involving Medicare and Medical Assistance.
- Collection Agency** Accounts which cannot be collected by Cardinal Internal Medicine after normal in-house collection procedures may be referred to a collection agency, magistrate, or attorney for further collection action. Any fees incurred will be patient's responsibility.
- Payment Arrangements** If a patient is unable to make full payment of the patient balance when due, periodic, partial payments may be approved in accordance with credit and collection procedures, as authorized by the physician or a designee.
- Refunds** Overpayments will be refunded to the appropriate party, normally the insurance company or guarantor. Patients' refunds will not be processed until all active or past due accounts are paid in full. Refunds of less than \$5.00 will not be issued unless specifically requested.
- No Show** Failure to call the office 24hrs prior to scheduled appointment will result in a charge \$25.00 no show fee.

I have read and understand Cardinal Internal Medicine Associates financial office policies.

Name: _____

Signature: _____

Date: _____