



Financial Policy

Maryland Primary Care Clinic LLC

Thank you for choosing Maryland Primary Care Clinic LLC (“MPCC”) as your healthcare provider. We realize that the cost of healthcare is a concern for our patients, and we are available to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our relationship. The following is a statement of our Financial Policy, which you must read, agree to, and sign prior to treatment. Carefully review the following information and please ask if you have any questions about our fees, policies, or your responsibilities.

Provide Accurate Information

You have a responsibility to provide accurate and complete information about your health history, mailing address, health insurance, and other billing information. If any information changes—name, address, phone, insurance coverage, etc.—you must inform this practice immediately. Insurance denials or billing errors due to patient-supplied information will result in the immediate transfer of the account balance to the patient’s immediate financial responsibility.

Know Your Insurance Coverage and Benefits

Your health insurance coverage is a contract between you and your health insurance carrier. Patients are responsible for understanding their health insurance coverage(s) and benefits. There may be limitations and exclusions to coverage. You are responsible for any charges not covered by your plan.

Insurance Accounts

- **Insurance Card Presentation:** We ask that you present your insurance card at every visit. If you fail to provide us with the correct insurance information at each visit, a waiver must be signed, and you may be responsible for payment for all services provided.
- **Co-payments:** Co-payments are due at the time of service, as it is a requirement placed on you by your insurance carrier. Please help us by paying your co-payment at each visit.
- **Primary Care Physician (PCP):** If your insurance company requires you to pick a Primary Care Physician (PCP), one of our physicians must be the PCP listed on your insurance card.
- **Claim Filing:** We will file claims to the insurance companies we contract with, provided that you authorize the "assignment of benefits" for payment directly to our practice. You agree to pay any portion of charges not covered by insurance.
- **Non-Contracted Insurance Plans:** For insurance plans we do not contract with, we will file claims as a courtesy. If your insurance does not pay within 60 days, you will be responsible for the balance of unpaid charges.

Self-Pay Accounts

Self-pay accounts are patients without insurance coverage or who are unable to provide us with valid insurance information. If a patient is able to provide valid insurance information within 30 days of the original date of service, a claim will be filed with the insurance carrier. Self-pay patients are responsible for paying 100% of charges at the time services are rendered.

Worker’s Compensation and Motor Vehicle Accidents

For worker’s compensation injuries, motor vehicle accidents, or third-party liability claims, you must provide the claim number, phone number, contact person, and name and address of the insurance carrier PRIOR to your visit. Failure to provide this information within 30 days of the date of service may result in unpaid balances transferring to the patient’s responsibility.

Statements

A statement will be sent to you once a balance becomes your responsibility and will continue every 30 days thereafter. Unless you notify our office within 30 days of receiving your statement that you dispute the validity of the balance or any portion thereof, we will assume the balance is correct.

Collection of Outstanding Balances

All outstanding balances are due within 14 days unless prior monthly payment arrangements have been made in writing. Balances that remain unpaid after 90 days may be referred to an outside collection agency, and you may be responsible for any additional fees incurred.

Types of Payments

We accept Debit, Visa, Mastercard, American Express, and Discover, as well as cash, checks, and money orders. Returned checks will incur a \$35.00 fee.

Missed Appointments

Appointments must be canceled at least 24 hours in advance. A missed appointment fee of \$50.00 for physicals or \$35.00 for other visits may apply. Exceptions will be considered on a case-by-case basis.

Miscellaneous Fees

Certain services, such as family conferences, form completion, or personal letters, may entail additional fees not covered by insurance. Payment in full is expected at the time of service.

AUTHORIZATION

I have read, understand, and agree to the financial policy stated above and accept responsibility for payment of all fees/charges incurred with Maryland Primary Care Clinic LLC.

Patient Printed Name: _____

Patient Date of Birth: _____

Patient/Responsible Party Signature: _____

Date: _____