

FINANCIAL POLICY

The Kimberton Clinic is dedicated to providing our patients with the best possible care and service while keeping the costs to you from increasing at an unreasonable rate.

We ask your help by understanding and cooperating with our financial policy.

Insurances:

We participate with several insurance companies. Please check with the Billing Dept. to see if we participate with your plan.

If we DO participate with your insurance company, all services performed in our office and at the hospital will be submitted to them, unless we have received prior notification of non-covered services. All copays and deductibles are the patient's responsibility and will be billed to you by our office.

HMO insurances may require referrals for services. It is the patient's responsibility to obtain the referral prior to the time of the service. If a referral is not presented at the time of the service, the patient will be responsible for payment in full for that service at the time of service. All HMO patients are responsible for ALL copayments at the time of service.

If we DO NOT participate with your insurance company, this means that we will not bill your insurance carrier and we will not accept payment from them as payment in full for the services performed. All insurance carriers have a schedule of fees from which they will pay, however, the doctor's fees may be more than what the insurance company shows on their schedule. Therefore, any balance not covered by the insurance company becomes the responsibility of the patient. Payment for office visits IS due at the time of service. We will provide you with an itemized bill so that you may submit the charges to your insurance company for reimbursement.

It is important for you to understand that your health insurance coverage is an agreement between you and your insurance company and your doctor's bill for services provided to you is an agreement between you and your Doctor.

Payment for services performed:

Our office accepts VISA, Mastercard, American Express and Discover for your convenience, as well as cash or a check. All payments are expected at the time of services and any outstanding balances are due within 30 days, unless prior arrangements have been made with the Billing Dept. All past due balances are assessed at 1.5% per month finance charge after 60 days. All balances that reach 90 days past due will be sent to a collection agency. Should your account be sent to a collection agency, you will be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance.

Payment in full of any past due balance is expected prior to being seen in our office in the future. In addition, payment in full will be expected at the time of service for any future services.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY THE KIMBERTON CLINIC AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THIS FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.

Signature of Patient and/or Guarantor (SEAL)

Date