



## **Patient Financial Responsibility**

Thank you for choosing Cleaver Medical Group for your medical care. We appreciate that you have entrusted us with your healthcare, and we are committed to providing you with the best patient care possible.

Understanding your financial responsibility is an essential component in establishing and maintaining a strong patient/practice relationship. In order to achieve this, we offer the following information regarding our insurance and financial policies.

Patients or their legal representatives are ultimately responsible for all charges for services rendered. All services rendered to minor patients will be the responsibility of the accompanying adult, custodial parent or legal guardian.

Your insurance is a contract between you and your insurer. It is your responsibility to know and understand the terms, guidelines and limitations of your plan. It is also your responsibility to advise us of any changes in your insurance, your address or your employer. Cleaver Medical Group is contractually obligated to collect applicable co-payments at the time of services are rendered. We are also obligated to collect any deductible and/or co-insurance amounts deemed patient responsibility by your insurance company.

### **Medicare & Contracted Insurance Plans**

If you are on traditional Medicare or are a member of a health plan that we participate with, we will submit your claim to your insurance company. Our staff will verify your benefits and collect any co-payment, co-insurance and/or deductible at the time services are rendered as required by your insurance company. You will be billed in full for any services that your health plan deems as “not a benefit” or a “non-covered service”.

### **Secondary/Supplemental Insurance Plans**

We are happy to file secondary and supplemental claims as a courtesy. In the case of non-contracted secondary carriers, the balance will become the patient’s responsibility.

### **Non-Contracted Insurance Plan**

If we do not participate with your insurance plan, payment in full will be required at the time of service. Our billing department will file a claim to your insurance company as a courtesy upon your request.

### **Self-Pay**

Self-Pay (Uninsured) patients will be expected to pay in full at the time of service for all services rendered.

### **Minors**

A parent or legal guardian must accompany all patients under the age of 18 to authorize treatment and financial arrangements. If this is a custodial parent, we can submit the charges to another parent’s insurance, however, the parent presenting the child for care will be billed for the balance not covered by the insurance. Any patient over 18 will be responsible for all charges incurred.

### **Missed Appointments**

Missed appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations must be made 24 hours in advance of the scheduled appointment or we reserve the right to assess a fee.

### **Medical Records**

Copies of medical records are provided to another healthcare provider at no charge. Any additional medical records requests and/or completion of forms (i.e. disability, life insurance, cancer policies, etc.) are subject to processing fees. Please be advised that medical records requests require time to be processed and cannot be provided same day requested.



**Collection Fees**

Statements are sent out monthly for patients with personal balances. Payment is due upon receipt of the statement. If you are unable to pay the balance in full, please contact our billing department at 770.800.3455 option 6. Personal balances over 120 days old will be sent to our collection agency. In the event an account is turned over to an outside collection agency, patients will be responsible for any collection fees including courts costs, attorney fees and collection agency charges.

**Returned Check Fee**

A \$25.00 fee will be added to your account balance in addition to the amount of the check returned for insufficient funds. This total must be paid by cash or credit card within 14 days.

**Procedure Deposit**

Patients who are scheduled for a procedure are expected to pay the estimated out of pocket amount at time of service. This amount will consist of any applicable co-payments, co-insurance or any remaining deductible amounts. Our staff will contact your insurance company and provide you with an estimated out of pocket amount based on your plan benefits.

If you are unable to pay the total of the estimated amount at time of service, our billing staff will assist you in setting up a payment plan if deemed necessary. You will be required to make some type of payment towards your estimated amount prior to your procedure.

**Pathology Fees (Dermatology only)**

Cleavever Medical Group has a pathologist that performs the interpretation of our patients' biopsy specimens. Fees associated with this service are separate from the procedure performed by your treating provider.

Depending upon specific factors, your provider may send the specimen to an outside lab for slide processing and interpretation. In those instances, patients or their insurance will receive a bill from the outside lab.

**Cosmetic Services**

Patients are financially responsible for all cosmetic procedures at the time of service. This office does not bill insurance companies for cosmetic procedures.

Please be aware that you may receive a statement from other entities such as anesthesia, lab, pathology, etc. Any questions that you have regarding those charges will need to be directed to those respective offices. Cleavever Medical Group does not process the billing for these services.

By signing this form, you agree that you have read and understand your financial responsibility.

Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
**(Signature of Patient or Guardian)**

\_\_\_\_\_  
**Date**

For Office Use Only:

**SIGNED COPY TO CHART Staff Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_