

## MHMG Financial Policy

We appreciate that you have entrusted us with your health care. Because healthcare benefits and coverage options have become increasingly complex, we have developed this policy which details our financial requirements to help you better understand your responsibilities as a patient.

It is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals, pre-certifications, pre-authorizations, limits on outpatient charges, specific physicians and/or hospitals to use. You should be knowledgeable of any deductibles, co-payments, and/or coinsurance. This applies to all payors regardless of whether or not our physicians participate.

The responsibility for payment of fees for services is the direct responsibility of the patient. Your health benefit plan is an arrangement between you, the enrollee and the insurance company, HMO or your employer. Your health benefit plan determines your coverage, requirements, and establishes the limit on your coverage for medical services based on what they determine as medically necessary. However, we will do our best to assist you with understanding your proposed treatment and in answering questions related to your insurance.

### **Payment Policy Schedule\*:**

Co-payments	Full payment is due at time of service.
Deductible and coinsurance	Full payment is due at time of service.
Non-covered service	Full payment is due at time of service.
Non-participating insurance plan	Full payment is due at time of service.

### **Other charges/fees\*:**

Missed Appointment Fee	The office requires at least 24 hours notice when canceling an appointment. Failure to provide this notice will result in a charge of up to \$200.00
Cancellation of GI Procedure	A \$250.00 fee will be charged to your account if you cancel your procedure with less than 3 business days notice.
Cancellation of Cardiology Tests	A \$100.00 fee will be charged to your account if you cancel your procedure with less than 24 hours notice.
Statement Fee	A \$25.00 charge will be applied to each statement issued
Return Check Fee	\$25.00
Medical Records	A fee of \$.75 per page due prior to receipt of records.

\* subject to change at any time

We realize that medical care can often become very expensive. If you have concerns about your ability to pay for service, we recommend that you contact us for assistance in the management of your account.

Should you have any questions with regard to our financial policy we encourage you to ask. It is our goal, not only to provide the best quality of medical care, but to help you by answering any questions you might have.