

Gordon/Rushville Clinic Patient Financial Agreement

Before your appointment

Contact your insurance company to make sure you understand your benefits and your plan's requirements. Confirm that our healthcare providers are a contracted provider for your plan. If one of our healthcare providers is not a preferred provider on your plan, you can still be seen at our clinics, but the amount you are responsible for could be greater.

It is the policy of Gordon and Rushville Clinics to ask for your insurance Copay prior to your visit. If you are self-pay or have not met your deductible we ask for a \$50 deposit prior to being seen by our providers. We accept cash, check and major credit cards.

At check-in

Bring your driver's license or other form of government-issued identification.

Bring all of your current health insurance cards to your appointment. Patients who do not bring valid insurance card(s) to their appointment must pay at least \$50 by cash, check or by debit or credit card at time of service.

If you are a returning patient, let us know if your personal or insurance information has changed since your last visit.

Be prepared to pay your copayment and/or coinsurance and any outstanding bills from previous care you received at Gordon and Rushville Clinics.

****Note to divorced parents of dependents:** The person listed on the patient registration as the responsible party is responsible for the bill. If the responsible party is not you and that person does not pay the bill, you agree to pay the bill. Divorced parents must work out any disagreement of who is responsible for the charges without Gordon and Rushville Clinic's involvement.

*A Parent or Legal Guardian must accompany minor children and present a current insurance card at each visit.

Definitions

Health insurance seldom covers 100% of your healthcare costs. The costs that are not covered are called out-of-pocket expenses:

Deductible—The amount of money you must pay before your insurance starts paying.

Copayment—The amount of money you pay directly to the healthcare provider at every visit.

Coinsurance—The remaining balance of your bill after insurance has paid.

While Gordon and Rushville Clinics bill insurance on your behalf, the ultimate responsibility for your bill is yours.

If an account becomes delinquent it may be forwarded to an outside collection agency without notice. If this happens you will be responsible for all costs of collections, including but not limited to interest, rebilling fees, court costs, attorney fees, and collection agency costs.

I authorize direct payment to the Clinic of benefits provided under any health care plan due to me. I further authorize the Clinic to release any information required by any third-party payor regarding any claim for payment. Furthermore, I understand this document as well as my signature may be stored as an electronic image. I agree to pay for all medical expenses incurred relating to my treatment. I acknowledge that all of the medical expenses not paid by my third-party payor(s) are my responsibility and I agree to pay for same upon demand.

Patient Name

Patient/Guarantor Signature

Date

Witness

Date