SLMC Account #_____

Financial Policy & Consent For Medical Treatment

Patient Name: DOB:

Account Responsibility

As the patient, or the patient's representative, registered with St Louis Medical Clinic (SLMC), you are agreeing to accept responsibility for all balances incurred on behalf of the named patient's medical care. Patient balances are due within 14 days of receipt of a statement. If you feel your statement is incorrect, have a concern regarding insurance, or are experiencing financial difficulties please contact our billing company ASAP at (866) 776-8150.

The individual (patient or representative) signing this Financial Policy will be responsible for any charges associated with the patient's account.

Co-Pays & Payment at the Time-Of-Service

If required by your insurance plan, you will be expected to pay your co-pay each time the patient is seen in our office.
SLMC accepts cash, checks, and all major credit cards.

Additionally, payment will be expected at the time of service when:

- SLMC is not contracted with the patient's insurance plan
- SLMC is not able to verify insurance eligibility
- The patient does not have insurance coverage
- The patient has new insurance coverage, but is unable to provide an insurance card

Professional Services Rendered & Fees

If the patient is seen for a scheduled preventive visit and another condition is treated at the same time, the provider will bill for each service performed in accordance with CPT coding/billing guidelines.

A $35.00 fee will be charged for any checks that are returned by the bank.

Past Due & Collection Accounts

Delinquent accounts may be placed with an outside collection agency. If placed with an agency, the account will be assessed a 25% collection fee. **Placement of an account with an agency will result in termination of the patient/provider relationship.**

- ■ I acknowledge that I have read and understand the policies stated above and agree to accept financial responsibility for the services rendered to the patient. I understand that SLMC may file a claim, on my behalf, with my insurance company and that any balance not paid by insurance is my responsibility (contractual write offs excepted). I understand that SLMC can only code and file a claim for medical services with a diagnosis that was encountered and documented in the medical record. Altering a diagnosis code in order to secure insurance payment may be inappropriate and possibly fraudulent. SLMC adheres to CPT coding guidelines.
- ■ I authorize the release of any medical information necessary to facilitate the processing of insurance claims.
- ■ I authorize and consent to the providers at St Louis Medical Clinic providing treatment for the patient.

Signature of Patient or Representative Print Name Date