

PEACHWOOD MEDICAL GROUP

**Financial Policy**

Payment in full is required at the time of service for all services provided in the physician’s office, Urgent Care or Lab/X-ray unless you fall into one of the categories listed below. All patient co-payments are due and payable at the time of service. If you are unable to make your co-payment at the time of service, and your appointment is not of an emergency nature, we reserve the right to reschedule your appointment until such time as you are able to make your co-payment.

**Insurance Billing:** As a courtesy, this facility will bill your insurance if you belong to any of the HMO’s and PPO’s we are currently contracted with. It is your responsibility to make sure that we have current copies of your card (s); any completed claim forms necessary and correct billing addresses. Please note that you, as the patient, are responsible for knowing the scope of your health coverage benefits, i.e. (co-pays, deductible, co-insurance and overall plan coverage).

**Medicare, Secondary Insurance & Medi-Cal:** Peachwood Medical Group accepts assignment for Medicare. We will then bill secondary insurance, providing we have complete and current secondary billing information. For our existing patients proof of eligibility is required for each visit. Acceptance of Medi-Cal as insurance is at the discretion of each physician.

**Obstetrical Patients:** Individual financial arrangements will be made with all obstetrical patients in order to determine maternity coverage and payment requirements.

**Worker’s Compensation:** This facility will bill for the first visit of worker’s compensation injuries in **Urgent Care only**. The patient must present with a signed *Authorization for Treatment* from their employer at the first visit. The patient is also responsible to provide this facility with any/all necessary billing information at that first visit. Once the worker’s compensation carrier has released a patient from its financial responsibility or benefits have been denied, the patient is then responsible for payment in full of services rendered.

**Personal Injury or MVA:** As a courtesy, this facility will bill the patient’s MVA Insurance, if all the necessary information is provided at the first visit. This includes Third Party Liability for Peachwood patients only. To avoid any possible litigation, this facility will not bill any third party liability for non-Peachwood patients or accept liens for these types of injuries on any patient. A copy of the encounter form will be provided upon request for the patient to submit for reimbursement directly. Patient will be responsible for payment in full should the claim be denied by insurance or payment is delayed more than 60 days.

**Monthly Statements:** Statements are generated at this facility on a monthly basis via “cycle” billing. They are a request for payment of what is currently at “patient due” responsibility. All patient balances are due and payable upon receipt of the statement, unless special payment arrangements have been made with the billing department in advance. All statements will be sent by Community Medical Providers for services rendered at Peachwood Medical Group.

**\*Peachwood Medical Group is a part of Community Medical Providers, a member of Community Foundation Medical Group and a part of Sante’ Health Foundation.**

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I have read the above policy and agree to comply with its provisions.

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Signature of Patient and/or Responsible Party

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Date

Revised 08/17

