

LITTLE COMPANY OF MARY AFFILIATED SERVICES, INC. (LCMAS, INC.)

FINANCIAL RESPONSIBILITY STATEMENT

Thank you for choosing a Little Company of Mary physician to serve your medical needs. As part of your choice, we wish to establish our expectations of your financial responsibility with our practice as outlined below. Your medical insurance is a contract between you and your insurance company. It is important to be informed regarding your individual benefits, which can be answered by your employer and/or your insurance company. Our staff are knowledgeable regarding most plans and will try to answer questions you may have.

Consent to Services:

Patient hereby requests registration at LCMAS, Inc. and voluntarily consents to any facility services deemed necessary or advisable as determined by the primary care physician and/or nurse practitioner. Patient acknowledges that no guarantees have been made as to the results of treatments or examination by our practitioners.

Consent to Release Information:

The undersigned hereby authorizes LCMAS, Inc. to release to employer groups, insurance companies, government agencies or other third-party payors and their agents information concerning diagnoses and procedures performed, medical care, advice, treatment, supplies or other information that may be necessary for the purpose of determining eligibility and available benefits and obtaining payments on the patient's behalf for the health care services rendered to them. Patient (responsible person) acknowledges that he or she will be financially responsible for charges incurred for the patient's treatment if revocation or refusal to authorize the disclosure of the medical records results in a payment denial of the insurance claim.

Patient Consent for Obtaining Medication History:

The undersigned hereby authorizes LCMAS, Inc. to e-prescribe my prescriptions and may obtain and use my prescription medication history from other healthcare providers or Surescripts E-Prescription Network for treatment purposes.

Medicare Patients:

Our office will submit your Medicare charges to Medicare and your secondary insurance. You are responsible for deductibles and co-pays, as well as non-covered services. If you have enrolled in a Medicare Advantage Plan, please inform our staff and present your new insurance card(s).

Assignment of Insurance Benefits:

Patient (responsible person) irrevocably assigns and transfers to LCMAS, Inc. all right, title and interest to medical reimbursement benefits under any and all applicable medical insurance policies covering patient, for the payment of hospital and medical care being provided. Patient (responsible person) authorizes payment directly to LCMAS, Inc. of said medical reimbursement benefits. This agreement specifically includes, but is not limited to, an assignment of the rights to designate a beneficiary, add dependent eligibility, obtain payment of any auto or other third party liability policy medical expense benefits due for this treatment and to have an individual or group policy converted or continued in accordance with its terms and benefits.

Managed Care Precertification, Referral or Authorization of Services:

I understand that my health plan may require a precertification, referral or authorization of services to be done by the member notifying their insurance plan before services are provided. Payment for services denied due to my failure to comply with the notification requirements of my insurance company will be my responsibility.

NSF Checks:

Returned checks will be issued a \$25.00 NSF fee.

Overdue Accounts:

We reserve the right to turn your account over to a collection agency if payment arrangements on the account balance are not addressed within 60 days of patient responsibility.

Agreement to Pay Balance:

In the event that said medical insurance coverage is not sufficient to satisfy the charge in full, patient (responsible person) acknowledges that the resulting balance is not covered by this assignment and agrees to be fully responsible for the payment of any balance due. For any contacted insurance carriers, LCMAS, Inc. will submit a courtesy claim and if no payment is received in 60 days, the balance will become patient responsibility. In the event charges are not paid, due to authorization or pre-certification denials, patient acknowledges the charge is considered a non-covered service and agrees to be fully responsible for payment of any balance due.

No Show Fee:

Cancellation of an appointment must be done 24 hours in advance or a \$25.00 missed appointment fee will be charged. Canceling your appointment with advance notice helps our office staff to better utilize your appointment slot for another patient caller.

I have read & agree to the Financial Policy and understand my financial responsibilities under this policy.

If the patient is under 18 years old or you are authorized to accept the terms on the patient's behalf, please provide us with the following information:

Patient Name

Authorized Party Name & Date of Birth

Date

Authorized Party Social Security Number

Patient or Parent/Guardian Signature

Authorized Party Address

Authorized Party Phone

Please check the appropriate description of your relationship to the patient:

- Self Parent/Legal Guardian of Minor Other (please explain: _____)