



Main Street Family Practice, P.C.

Rev. 7/09

Patient Financial Responsibilities and Billing Policy

Welcome to Main Street Family Practice. We are honored that you selected us for your medical care. We are committed to provide you with caring, expert, professional care that meets your individual needs. Please read this agreement thoroughly as it will be strictly adhered to.

Patients with Medical Insurance:

- **Patient Responsibility:** Know insurance coverage, co-pays, deductibles, and co-insurance.
- **Patient Responsibility:** Ensure MSFP has current insurance information at all times. If we bill insurance incorrectly because a patient did not update insurance information, we reserve the right to make them responsible for direct payment and provide information needed to process their own insurance.
- **Patient Responsibility:** Make certain that Main Street Family Practice (or Dr. Dario Lizarraga) is on their insurance provider panel and/or named as Primary Care Physician if required for benefits.
- **Patient Responsibility:** Pay for any treatment, procedure or test not covered by insurance.
- MSFP will bill secondary insurance as a courtesy. If secondary insurance does not pay within 45 days, the patient will be charged and is expected to pay. MSFP will provide patients with information necessary to follow up with secondary insurance.
- MSFP will bill a maximum of two insurances per patient. The patient must process other insurance.
- MSFP bills most insurance companies including Medicare, AHCCCS and private insurance. We allow insurance companies 45 days to pay. Any unpaid charges may be billed directly to the patient and then must be paid within 30 days. The patient can process their own insurance. We will provide the information needed for this.
- **Patient Responsibility:** Once insurances have paid benefits or have not paid after 45 days, remaining balances will be billed to the patient. If patient payment is not made within 30 days, or if MSFP must send additional statements to the patient, there will be a \$10 statement fee for each additional statement.
- MSFP verifies insurance at each appointment. If insurance cannot be verified or has termed, payment in full is expected at the time of the appointment.
- **Patient Responsibility:** Pay all co-payments and/or deductibles at the time of service. MSFP accepts Visa, MasterCard, Discover, American Express, personal checks with proper ID and/or cash. Checks returned due to insufficient funds will automatically be turned over to the Pinal County Attorney's office for collection. A processing fee is added to the amount to cover additional costs.

Self Pay Patients:

- **Patient Responsibility:** Payment in full at the time of service. MSFP accepts Visa, MasterCard, Discover, American Express, personal checks with proper ID and/or cash. Checks returned due to insufficient funds will automatically be turned over to the Pinal County Attorney's office for collection. A processing fee is added to the amount to cover additional costs.
- As an added incentive, a 20% discount is given when payment in full is made at the time of the appointment.
- **Patients who cannot make payment in full at the time of the appointment should expect to reschedule.**
- In some instances, if pre-arranged at the time the appointment is made, other payment arrangements may be approved. No discounts will be offered and MSFP charges \$10 per statement for self pay patients.

Collections Policy:

- Any patients with balances not paid within 60 days will receive a pre-collections letter. At 90 days, if payment or arrangements have not been made, or if patients do not comply with previously made arrangements, the account will be sent to our collections agency. They will aggressively pursue payment in full with additional penalties and interest. This can result in negative reports to credit agencies.
- **Any patients sent to collections, along with family members registered with MSFP, will be discharged as patients. That means that no providers associated with this practice will see these patients in the future and they will have to find another provider.**
- We will work with patients who have financial hardships as long as the patient initiates communication and complies with all payment plans agreed to.

My signature below represents that I have read, understand, and agree to the terms and statement above regarding my financial responsibility to Main Street Family Practice.

Patient's Printed Name

Patient, Parent, or Guardian Signature

Date