

CUSTER COUNTY MEDICAL CENTER Financial Policy

Thank you for choosing Custer County Medical Center as your health care provider. We are committed to providing the best and the most successful treatment for our patients. Our charges reflect what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

All patients must complete our Information and Insurance form before seeing our providers.

- CO-PAYMENT IS DUE AT TIME OF SERVICE
- WE ACCEPT CASH, CHECKS, OR MASTERCARD/VISA

Regarding Insurance

We will bill your insurance as a courtesy. We cannot bill your insurance unless you give us your current insurance information. You are responsible for any co-payment or coinsurance, plus any balance due on non-covered services from your plan. Your insurance policy is a contract between you and your insurance company. We are not a part of that contract. Please be aware that some, and perhaps all, of the services provided may not be covered by your medical insurance, in which case you would be responsible for the charges for those services.

For insurance plans where Custer County Medical Center is a contracted or participating provider and which require a co-payment, all co-payments are due before services are rendered. In the event that your insurance coverage changes to a plan in which we are not participating providers, refer to the above paragraph.

Past due accounts greater than 90 days are subject to third party action. If payment is not made within 90 days after receipt of the bill, a delinquent charge or interest at the maximum legal rate may be added. You agree to pay all reasonable collection and legal expenses necessary for the collection of any debt.

Minor Patients

The adult accompanying a minor or the parent(s) (or guardian(s) of the minor) is responsible for the co-payment before the service is rendered.

A divorce decree does not determine which party Custer County Medical Center will bill for medical services. Divorce decrees are only binding between the two parties who made the agreement. The parent accompanying the child(ren) on the first appointment will be considered the guarantor on the patient's account. The guarantor is responsible for co-payment before the service is rendered. For unaccompanied minors, non-emergency treatment will be denied unless services have been consented to by the responsible party or guardian.

Thank you for understanding our Financial Policy. Please contact our Billing Department with any questions at 719-783-2380 or Clinic Services at 303-755-2900 Ext. 134.

I ACKNOWLEDGE I HAVE READ THIS FORM AND UNDERSTAND ITS CONTENTS. I FURTHER ACKNOWLEDGE THAT I AM THE PATIENT, OR PERSON DULY AUTHORIZED EITHER BY THE PATIENT OR OTHERWISE, TO SIGN THIS AGREEMENT, CONSENT TO, AND ACCEPT ITS TERMS.

Print Patient Name

Date

Patient/Responsible Party Signature

Date

Printed Responsible Party Name (If Different From Patient)

Date

Staff Signature

Date