MIDWEST PULMONARY ASSOCIATES, S.C.
FINANCIAL POLICY

Thank you for choosing us as your medical care provider. 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.

All patients must complete the Patient Information Form at the time of your visit. It is vital for you to supply us with complete insurance information, including a claims submission address. We will make a copy of your insurance card for our records. Your signature is required at the bottom of this form to authorize the release of information for claims and to authorize insurance benefits to be paid directly to the physician. These signatures are required for us to submit your claim. Payment for office services is due and expected at the time of service, unless previous arrangements have been made. We accept cash, check, Visa, Mastercard, or Discover. Returned checks will result in an additional charge of $35.00.

Regarding Insurance

As a courtesy to you we will file your primary insurance claim for your medical care if you assign those benefits to us. We cannot bill your insurance unless you bring in all insurance information at the time of your visit. The amount of the charges is your responsibility whether your insurance company pays or not. The fees are independent of amounts that insurance companies choose to cover. Your insurance policy is a contract between you and your insurance company. We are not party to that contract and are not necessarily in agreement with that often-used insurance phrase "usual and customary fees".

Our staff will work with you to provide the insurance company with adequate information regarding your claim. In consideration of medical services rendered by the physician(s) and/or Midwest Pulmonary Associates you hereby assign, transfer and set over to the physician(s) and/or Midwest Pulmonary Associates all of your rights, title and interest to medical reimbursement, including, but not limited to, the rights to appeal and obtain administrative and judicial review of any denial of benefits for healthcare services rendered to you by your physician(s) and/or Midwest Pulmonary Associates. Please be aware some, and perhaps all, of the services provided may be "non-covered" services and are not considered reasonable and necessary under your medical insurance plan. If you have questions regarding your coverage, please contact your insurance company directly. If you need assistance in describing services, a staff member can assist you.

Regarding Eligibility and Pre-Certification

If your insurance plan requires pre-certification for surgery/procedures/labs it is the patient's responsibility to obtain pre-certification prior to said services. The responsibility for program eligibility remains with the patient. Services provided that are not covered by your plan remain the financial responsibility of the patient. By providing us with proper plan information, we will submit the claim to your plan administrator.

Minor Patients

The adult accompanying a minor and the parents (or guardians) are responsible for full payment of services.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. A copy of this policy is available for you to keep.

I have read the Financial Policy above. I understand and agree to this Financial Policy.

Consent to Treatment:

I hereby give my consent and allow the doctors and staff of Midwest Pulmonary Associates to give me the needed medical treatment and services they recommend.

_____ _____

Date Signature (Patient or Responsible Party)

Authorization to Release Information:

I hereby authorize the release of medical information necessary to process insurance claims.

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Signature (Patient or Responsible Party)

Authorization to Pay Benefits to Physician:

I hereby authorize payment directly to the physician for services described within the claim and authorize the physician to complain to the insurance commissioner for any reason.

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Signature of the Insured Person

Submit via email Reset/Clear