

Tremont Medical Center, PA Financial Policy

*At the time of your first visit, you will be provided with a copy of our financial policy to be signed.
Our policy is that:*

1. All charges incurred for services in the office are due and payable at the time service is rendered. Exclusions to this policy will be those patients whose primary health insurance carrier is Medicare, a Medicare Advantage plan, Tricare Standard, Tricare for Life, or those patients who are being treated for an authorized industrial claim. The carriers for these patients will pay the physician directly for services,
2. If we do not participate with your insurance, you are considered a self-pay patient and payment is due in full at the time services are rendered.
3. All co-payment amounts for plans listed in item # 1 are due and payable at the time of check-in. This policy is in accordance with the legal requirements for collecting patient responsibility amounts.
4. Medicare will only pay for services that are determined to be "reasonable and necessary" under section 1862 (a)(1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is "not reasonable and necessary" under Medicare program standards, Medicare may deny payment for services provided, and patient may be responsible for payment.
5. We are happy to provide treatment for work related injuries (Worker's Comp.). We will file insurance if we are provided with the information necessary to file the claim. If we are not provided with the necessary information at the time of service, the patient or employer will need to pay at that time and be reimbursed when we receive payment from the insurance carrier. Any charges incurred for this treatment are ultimately the responsibility of the patient if the claim is denied.
6. A **\$25.00** service charge will be applied to your account for all returned checks.
7. Copying medical records for reasons other than our physician referring you to another physician or provider will incur a cost of not less than \$10.00. Cost is based on the number of copies and postage and handling.
8. If your account becomes past due, we will take steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs including a collections fee added to the account. If we send your account to collection because of non-payment, our physicians may no longer be able to provide care for you. In this case, the person responsible for the account will be notified of this by certified mail and given adequate time to find a new medical provider.
9. Once you have signed this agreement, you agree to all of the terms and conditions contained herein for this and any future visits, and the agreement will be in full force and effect.

Your authorization is:

I request that services be performed and I agree to be responsible for any charges incurred. I understand that if I fail to make payment when due and my account becomes delinquent, my account may be turned over to a collection agency and the undersigned shall be responsible for paying the full amount due to the collection agency, plus any collection fees.

I authorize the physician in charge to administer medical care as is necessary, including allowing release of x-ray and other medical reports on my physical condition to any party involved in my treatment.

A signed copy of this agreement will remain in your medical record chart.