

## Patient Financial Agreement



We are dedicated to providing you with the best possible care and consider your understanding of this financial agreement an essential part of the services you receive at Monarch Healthcare.

**SERVICES:** Services received by a MH provider requiring payment may include: Office visits, office procedures, lab drawing fees, ultrasound tests, diagnostic tests, hospital visits and hospital surgeries.

- **Laboratory:** We use Express Labs for most routine lab work. Express Labs may send some work out to other labs. MH sends non-routine lab work to other labs. You will receive statements directly from the respective lab for these services.

**BILLING PROCESS:** As a courtesy, MH will file insurance claims on your behalf after you have received care. Upon receipt of insurance payment, you will receive an explanation of benefits (EOB) and/or a statement from MH with the remaining balance owed. Additionally, MH providers participate in Medicare and accept assignment under Medicare.

**DISCOUNTS FOR INSURED PATIENTS:** Idaho Statute 41-348(b)(2) prohibits healthcare service providers from regularly waiving, rebating, giving, paying, or offering to waive, rebate, give or pay all or a part of a claimant's deductible or claim for health insurance.

**PAYMENTS:** We will work with you and your insurance company to determine your specific responsibility associated with the discounted rate we've agreed to accept from insurance. However, ***it is ultimately your responsibility to understand your insurance policy and benefits. You are ultimately responsible for payment of the services you receive from MH – including services not covered under your insurance policy.***

For all services provided, payments may include your remaining deductible, your estimated copayment and/or your coinsurance depending on your insurance plan.

If you are private pay or do not have insurance, a business office representative will work with you to determine the applicable charges and your payment responsibilities.

We require all applicable copayments and/or coinsurance at the time of your visit.

For **Obstetrics** we require either: payment based upon statements for services provided during your pregnancy or an agreed upon monthly payment based on your estimated financial responsibility for your pregnancy.

For **Procedures/Surgeries:** We require a pre-payment of 50% of the estimated amount you owe prior to the procedure/surgery.

*Full payment is due prior to the procedure/surgery for **elective** procedures/surgeries not covered by insurance.*

Failure to make your prepayment may result in postponing your procedure/surgery.

***Failure to honor your commitment to a payment plan may result in your account being sent to collections.***

**INTEREST:** Interest of 1.5% per month begins accruing after 45 days on any unpaid balances.

**RETURNED CHECKS:** A \$20.00 fee will be charged for all returned checks not honored by your bank.

**COLLECTIONS:** ***If your account is turned to a collection agency all future medical care provided at Monarch Healthcare will require payment in full at the time of service. If my account is turned to a collection agency I agree to pay any collection costs and/or attorney's fees on any delinquent balances placed for collection or suit.***

Regarding automated messages we leave for you: To the extent consent is required by the Telephone Consumer Protection Act ("TCPA") or other applicable law, I hereby authorize Monarch Healthcare and its designees to deliver messages to the phone number(s) I've provided through the use of an automatic telephone dialing system or an artificial or prerecorded voice. I understand that I am not required to agree to receive such automated calls, and my agreement is not a condition to receiving items or services from Monarch. I understand that Monarch reserves the right to contact me by any means as otherwise permitted by law.

I have reviewed and understand and agree to the terms of this agreement.