



## **St. Cloud Medical Group PA Financial Policy**

**Insurance:** St. Cloud Medical Group participates with most insurance plans and Medicare. As a courtesy to our patients we will file all primary and secondary insurances. You will be asked to complete a registration form, provide your current insurance card and a photo ID during each visit. You are responsible for all co-insurance, deductible and non-covered services not paid by your insurance company. A statement will be sent after your insurance company has processed your claim. Payments are due upon receipt of statement.

**Dispute of Insurance payment:** If you feel that your insurance company has processed your claim incorrectly, it is the patient's responsibility to contact the insurance company to resolve the dispute. Diagnosis will not be modified to fit your insurance benefit.

**No Insurance/Self pay:** If you do not have insurance or cannot provide an insurance card at time of service, a \$100.00 deposit will be required for office visits and a \$50.00 deposit will be required for imaging/lab-only visits.

**Co-pays:** In accordance with the guidelines established by your insurance company, SCMG is required to collect all co-pays at the time of service. St. Cloud Medical Group reserves the right to reschedule your appointment if you do not have your co-pay.

**Payment Options:** We accept cash, checks, MasterCard, Visa, and Discover. If needed, reception is able to assist you in locating the nearest ATM.

**Select Services:** St. Cloud Medical Group sub-specialties reserve the right to request a deposit and/or prepayment for select services.

**Past Due Accounts:** We consider patient accounts to be past due after 30 days. Please contact the business office if you need to set up an appropriate payment plan. Failure to pay account balance will result in your balance being transferred to a collection agency. Accounts in collections cannot make further appointments until the balance is paid in full.

**Service Charge for Returned Checks:** A service charge of \$30.00 will be added to your account for any check that is returned to us from your bank.

**Cancellation of Appointment:** If you are unable to keep your scheduled appointment, please call our office as soon as possible to cancel or reschedule. If you miss two scheduled appointments, St. Cloud Medical Group reserves the right to require a \$50.00 deposit prior to scheduling the next appointment. If you miss three scheduled appointments, we reserve the right to terminate your care.

**Charity Care:** It is expected that patients pay for their health care services. St. Cloud Medical Group will evaluate the needs of patients that have indicated a possible financial hardship. Charity Care reductions will be applied to any future visits that the patient might incur, not for any existing balances. A written application must be filled out and must include a copy of the most recent Federal and State Income Tax returns, payroll check stubs from the last three months, Medical assistance denial or approval of spend down with a letter dated no older than 90 days, and possibly a loan denial if the account balance is over \$500.00. Please contact the Business Office for an application. Once we have received a completed application, the billing office staff and/or the patient's physician will determine the amount of the Charity Care reduction.

**Minor/Dependent of Divorced or Separated parents:** Both parents are financially responsible for all services rendered to minor/dependent children regardless of who is the statement recipient on the account.