



Mosaic Health and Healing Arts Financial Policy

Thank you for choosing Mosaic Health and Healing Arts as your primary care provider! We are committed to providing you with quality and affordable health care. This financial policy has been developed to offer our patients – established and prospective alike – transparency regarding our practice’s billing operations. Please read this policy in its entirety, ask us any questions you may have, and sign and date the agreement in the designated space.

1. Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment for services will be your responsibility. Upon request, we will provide invoices for rendered services so that you may submit this information to your insurance company. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. It is your responsibility to provide us with accurate and timely insurance information. Inaccurate or untimely information given to our front desk staff – that of which results in denial or noncoverage by your insurance company – will result in you being responsible for payment of the resulting balance.

2. Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. It is our responsibility to collect the amounts per our own agreement with your insurance company. Requested payment will include any unpaid outstanding co-payments and deductible amounts for services previously rendered. We hold the right to require payment of past due copayments and deductible amounts prior to rendering future services.

3. Claims Submission. We will submit your claims and assist you in any way we reasonably can to help you get your claims paid. In many instances, your insurance company requires you to supply certain additional information directly to them in order to process claims. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether your insurance company pays your claim or not. Your insurance benefit is a contract between you and your insurance company.

4. Coverage changes. If your insurance changes, we ask that you notify us prior to your next appointment so that we can make appropriate changes to your information on file; this includes up-to-date images of the front and back of your insurance card so that we can properly file claims with your insurance company. If we are not notified of any changes and proceed to file a claim with inaccurate information and receive denial or noncoverage, you will be responsible for payment of the resulting balance.

5. Nonpayment. If your account is past due, you will receive a letter stating your financial responsibility. Partial payments will only be accepted upon prior negotiation and approved agreement. Please be aware that if a balance remains unpaid beyond 180 days, we hold the right to refer your account to a collection agency and/or discuss the potential for dismissal from the practice.



6. Self-pay and self-pay assistance. If you are uninsured or choose not to use your insurance, you will be responsible for the full cost of services rendered. Fees for services rendered are based upon our regular fee schedule. For specific estimates, please ask the front desk staff. Payment in full is expected at time of service unless a prior arrangement has been made with billing staff. We offer self-pay assistance for those who qualify. Please ask the front desk staff for details.

7. No-show and late arrival. We schedule our appointments so that each patient receives a fair amount of time to be seen by our physician and staff. That's why it's important that you keep your scheduled appointment with us and arrive on time. As a courtesy, and to help patients remember their scheduled appointments, our practice will contact you ahead of your scheduled appointment to confirm your information and availability. If you arrive more than 15 minutes after your scheduled appointment, you may be asked to reschedule. Excessive no-shows and/or late arrivals may result in dismissal from the practice.

By signing this form:

- I hereby authorize Mosaic Health and Healing Arts, Inc. to release medical and other information acquired in the course of my examination and/or treatment (with the exceptions of mental health records) to necessary insurance companies, third party payors, and/or other physicians or healthcare entities required to participate in my care.
- I hereby authorize assignment of financial benefits directly to Catherine K. Bast, MD and Mosaic Health and Healing Arts, Inc. for services rendered as allowable under standard third-party contracts. I understand that I am financially responsible for charges not covered by my assignment.
- I hereby authorize Mosaic Health and Healing Arts, Inc. to provide communication by mail, voicemail message, and patient portal according to the information I have provided in my patient registration information.

I have read, understand, and agree to the provisions of the above Financial Policy:

Name of Patient and/or Responsible Party

Date

Signature of Patient and/or Responsible Party

Date