



## **Financial Policy**

MCH ProCare is here to serve your needs as a patient. It is our intention to create an experience for our patients that will limit the amount of stress relating to paying for services we provide. Our staff is prepared to provide patients with any assistance or resources possible in making payment arrangements for services. We ask that patients recognize their responsibility to understand what services their insurance covers as well as what documents are required to assure that payment is made. The financial policy details the expectations of ProCare as they relate to patients making payments for provided services. Patients should acknowledge the following policy requirements.

1. The patient, or their designated guarantor, is responsible for payment of services.
2. All office charges, co-payment, and applicable deductible amounts are due at the time of service unless otherwise specified. **Payments may be made in the form of cash, check, debit card, or credit card. Post dated checks will not be accepted.**
3. We will ask for your insurance card at each visit to verify that we have your current insurance information on file. The patient is still responsible for payment if their insurance coverage fails to adequately provide payment in a timely or appropriate manner.
4. Uninsured patients unable to pay at the time of service must discuss financial arrangements with a ProCare patient accounts representative and will be evaluated for a payment plan or financial assistance. ECHDA program financial assistance applications are available at your ProCare physician office.
5. Arrangements for co-insurance amounts or procedure deposits must be made prior to the scheduled procedure date in order to prevent possible delays in providing the services.
6. Patient account balances are due within 30 days of the receipt of the billing statement unless otherwise specified.
7. Patients may contact our patient accounts representative to have the opportunity to make payment arrangements. The timeframes listed below are the maximum timeframe depending upon the patient balance.
  - a. Balances less than \$150 must be paid within 45 days
  - b. Balances \$150 to \$499 must be paid within 3 months or less
  - c. Balances \$500 to \$999 must be paid within 6 months or less
  - d. Balances of \$1000 or more must be paid within 9 months or less
8. After 90 days, if no arrangements have been made for a payment, or if no payments have been received within the past 45 days, then collection proceedings will begin.
9. If your account has been sent to a collection agency then full payment will be expected at time of service.

We ask that each patient sign this document as part of his or her registration at a ProCare Facility in accordance with the following statement:

"I \_\_\_\_\_, (patient/guarantor), acknowledge that I have received and read this financial policy statement.

\_\_\_\_\_  
(Patient/guarantor's signature)

\_\_\_\_\_  
(Date)