Clay-Platte Family Medicine Clinic, P.C.
Summit Family and Sports Medicine
Partnering for Excellence in Health Care

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3200 NE Ralph Powell Rd.
Lee's Summit, MO 64064
(816) 285-5053
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FINANCIAL POLICY

The staff at Clay Platte Family Medicine Clinic/Summit Family and Sports Medicine (CPFM/SFSM) appreciates that you have chosen us for your health care needs.

All patients must complete our Financial Policy and Patient Information forms before seeing the provider.

YOUR INSURANCE INFORMATION AND PAYMENT RESPONSIBILITY: Please have your current insurance ID card available at each visit. If at any time your insurance should change it is your responsibility to inform our office of the change as soon as possible to accurately file your claims.

The cost of medical care is determined by the nature and complexity for your visit. There is no "flat rate" for examinations and treatment. Your insurance plan is a contract between you and your insurance company. As a service to you, our office makes every reasonable effort to obtain payment according to your coverage. Payment for treatment you receive from CPFMC/SFSM is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you provide us with the necessary billing information, assign your benefits to CPFMC/SFSM and agree to permit us to release the necessary medical information required to secure your payment. While we will use reasonable efforts to ensure that your insurance carrier properly processes your services for payment, the obligation to enforce the terms of your benefit contract is your responsibility. It is, at all times your responsibility to follow up on all requests from your insurance company regarding claims and to question your insurance company about any unpaid claims.

CO-PAYS, DEDUCTIBLES, CO-INSURANCE AND OUTSTANDING BALANCES: All co-payments are due at the time of check-in, prior to your appointment with the Provider. By law we are required to make reasonable efforts to collect deductibles and co-insurance and/or co-payment obligations. In addition, by law, we are responsible to attempt collections of these amounts once they are identified to us on your explanation of benefits. This policy is in accordance with the legal requirements for collecting patient responsibility amounts. All charges are due and payable 60 days from the date of service. Unresolved outstanding balances may be placed with an outside collection agency.

PAYMENTS: CPFMC/SFSM accepts cash, personal checks, VISA, MASTERCARD and DISCOVER and payment plans set up by our billing office only.

RETURNED CHECKS: There is a $40.00 fee for all returned checks.

FORMS: There are many forms that employers and insurance companies need to have filled out for employees. These are not reimbursable by insurances. Examples include FMLA and disability forms. Therefore, there is a charge of $35.00 for each form payable before the papers are filled out.

SELF PAY: Self pay individuals will be expected to review and complete CPFMC/SFSM self-pay policy.

Credit Card On File: A credit card on file may enhance your protection against collection and attorney fees by authorizing the transfer of all unpaid amounts to your credit card after 60 days from the date of services (if other payment arrangements have not been made), with or without notification. Your credit card will be charged on the 5th of the month following the 60 day time limit. If your account is turned to collections CPFMC/SFSM will require a credit card be kept on file once the account balance is cleared in order to re-establish care.

AUTHORIZATION: I agree to abide by the terms of the above financial policy and accept responsibility for any balance not covered by my insurance company, therefore, I authorize my insurance company to pay directly to CPFMC/SFSM, and/or provide any information regarding payment of my bill. If my account becomes delinquent, I agree to pay all costs incurred in collecting the account, including a reasonable attorney's fee.