



**FINANCIAL POLICY**

It is the policy of Mercy Health Network that all fees including co-pays, deductibles and non-covered services are due and payable on the date of service unless other arrangements have been made.

Insurance coverage is considered by Mercy Health Network as an agreement between the patient, the insurance company and the employer, where applicable. Mercy Health Network is not a party to that agreement and as a result is not bound by any of the covenants, limitations, or restrictions of that policy.

As a service to our patients, we will file insurance claims for hospital- and clinic-related charges. Itemized bills will be provided to you for office services upon request. The filing of insurance does NOT release the patient from responsibility for charges for services which have been provided.

Charges for services not covered by insurance are due when a patient statement is received unless specific arrangements have been made for an extension of time. If you have special needs, contact our Patient Accounts Department. You are responsible for payment of services not paid in whole or in part by your insurance.

Statements showing the status of your account are mailed monthly. Please retain all your statements as itemized transactions are not repeated. If re-itemization is requested later, a service charge will be made.

Mercy Health Network is prepared to counsel any patient experiencing difficulty in meeting payment obligations. If you are unable to make payment when due, please contact our office as soon as you receive our statement. Special arrangements can be made where the patient agrees to pay at regular intervals an amount based on his or her financial resources.

Accounts which are not paid within a reasonable period of time, and for which no special arrangements have been made, will be subject to placement with collection agencies following due notice.

**ASSIGNMENT OF BENEFITS**

I authorize direct remittance of payment of all insurance benefits, including Medicare, if I am a Medicare beneficiary, to Mercy Health Network for all covered medical services and supplies provided to me during all courses of treatment and care provided by Mercy Health Network and/or its affiliated entities. I understand and agree this Assignment of Benefits will constitute a continuing authorization and have continuing effect for as long as I am being treated or cared for by Mercy Health Network. This Assignment of Benefits will be maintained on file with Mercy Health Network, which will authorize and allow for direct payment of all applicable and eligible insurance benefits to Mercy Health Network for all subsequent and continuing treatment, services, supplies and/or care provided to me by Mercy Health Network.

**Having read and understood the above statement, I agree to the terms set forth.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_