



Patient Financial Policies and Procedures

The physicians and staff of Crystal Clinic, Inc. (“CCI”) are dedicated to providing you with the highest level of care and service, and to meeting or exceeding your expectations

Patient’s Last Name	First Name	Middle Initial	Account Number
Patient’s Social Security Number			Date of Birth

Your understanding of, and compliance with, our financial policies and procedures are important. If you have any questions, please do not hesitate to discuss them with our staff at any time.

PATIENTS WITH INSURANCE (Medicare, Medicaid, other government insurance, commercial insurance)

- **Insurance Cards:** You must present your insurance card(s) at each appointment so we may verify eligibility. You must notify us immediately if you lose coverage, change health plans or there are any changes affecting your eligibility or coverage.
- **Copayments, Deductibles, Etc.:** You will be responsible for “co-payments” at the time of service. Under your health plan you may also be responsible for deductibles and other amounts.
- **Referral:** Some health plans require a referral from a primary care physician to obtain the services of a specialist, such as an orthopedic surgeon. These health plans will not pay for services rendered without a referral. It is your responsibility to obtain a referral prior to treatment. If you have not obtained a necessary referral, you must either reschedule your appointment or agree to pay the total charges at the time of service (you must make prior arrangements with a billing representative by calling 330-668-6740 or toll free at 800-818-0886).
- **Non-covered Services:** If your health plan does not provide coverage for any reason, you will be responsible for payment of the charges. We will provide you with information on charges for items and services that are typically non-covered. Medicare beneficiaries may be asked to sign an Advance Beneficiary Notice.

PATIENTS WITHOUT INSURANCE (SELF-PAY) Payment in full is due at the time of service unless you make other arrangements in advance with an account representative in our billing department, by calling 330-668-6740 or toll free at 800-818-0886.

WAIVER OF CO-PAYMENTS AND DEDUCTIBLES Federal and state laws restrict physicians from waiving patient deductibles, co-payments, and co-insurance amounts. Also, health plans require CCI physicians to collect these amounts. Therefore, CCI physicians will not waive deductibles, co-payments, or co-insurance amounts, in compliance with these laws and requirements.

DISABILITY FORMS A fee is required to be paid prior to the completion of disability forms.

FEES FOR COPIES OF MEDICAL RECORDS We will provide copies of part or all of your medical record upon written request.

- **Paper Medical Records:** A fee will be assessed for requested copies of paper medical records in accordance with Ohio law.

- **Non-Paper Medical Records:** In the event that you, your personal representative or an authorized person (a "Requesting Party") make a request for copies of non-paper medical records, including X-rays, a fee will be assessed in an amount equal to the cost of making the copies, including labor, supplies, and when copies are requested to be mailed, postage. By signing below you agree, personally and on behalf of your personal representatives and all authorized persons, that the Requesting Party will pay this non-paper medical record copy fee.

THIRD PARTY LIABILITY (Automobile/Personal Injury) If a third party is responsible for the cost of your care, you must notify us in advance so that we may bill the appropriate party. Third party liability may arise if you are injured in a car accident or in an accident caused by another party's negligence.

WORKERS' COMPENSATION We will bill Workers' Compensation on your behalf. If Workers' Compensation denies coverage, we will bill your insurance company with a copy of the Workers' Compensation denial. If you do not have insurance, we will bill you directly.

MINORS AND DEPENDENTS Parents are financially responsible for care rendered to their minor child(ren). Many health plans provide coverage for adult children who are attending school. Please advise us if you are covered under your parent's health plan.

PAYMENT METHODS We accept cash, personal checks, money orders, debit cards, MasterCard, Visa, and Discover as payment for services rendered. A returned check fee of \$35.00 will be assessed to your account for every check returned for insufficient funds, stopped payment, or closed account.

COLLECTIONS If you are responsible for some or all of the charges for our services, we will seek payment from you after your health plan (or any liable third party) responds to our request for payment. If you fail to pay your account in full or to make arrangements for payment, CCI may refer the matter to a collection agency and/or discontinue furnishing services to you. You will be responsible for any expenses incurred in collecting the amounts owed including attorneys' fees and court costs. We may also charge interest on the past due balances. ***I hereby assign to CCI the right to receive payment for items and services furnished. I understand that I am financially responsible for all charges whether or not covered by insurance.***

I have read and agree to follow the policies and procedures stated above. I authorize CCI and its physicians to disclose health information as necessary for payment purposes.

Signature of Patient or Legal Representative Date

If signed by Legal Representative:

Representative Capacity: Parent Legal Guardian Other _____

Representative's Last Name First Name Middle Initial Social Security #

Witness Date