

Kaukauna Clinic, S.C.
305 East 12th Street
Kaukauna, WI 54130

PATIENT FINANCIAL POLICY AGREEMENT

Insurance: It is your responsibility to provide Kaukauna Clinic, S.C. with current insurance information. We will ask for your insurance card at each visit and keep a copy in your chart. Please bring your current insurance card with you every time you visit our office.

Co-pays: All co-pays must be made at the time you check in for your appointment. Payment may be made by cash, check, or credit card. _____(initials).

Insurance Claims: Kaukauna Clinic, S.C. will submit claims to all primary and secondary insurance carriers and assign benefits payable for provider services to the provider performing this service. If your insurance carrier has not paid the claim within 30 days, the full balance may become your responsibility, and you will need to communicate with your insurance carrier to provide them with any required information. Please remember that your insurance coverage is a contract between you and your insurance carrier, and Kaukauna Clinic, S.C. is not party to your insurance contract.

Patient's Financial Responsibility: You, the insured, may be responsible for payment on any claim that is (1) denied; (2) unpaid due to deductible; (3) partially paid; (4) partially paid due to your insurance carrier's arbitrary determination of "usual and customary" rates; (5) co-insurance; or (6) non-covered services. If your claim is involved in litigation and/or being disputed among insurers, you are still financially responsible for that claim and must make payment(s). We will not become involved in any disputes between you and your insurance carrier.

You must pay any balance that your insurance carrier designates as your responsibility upon receipt of our statement. In the event you are unable to pay the balance in full at that time, you must make appropriate payment arrangements with Patient Services (920-766-4656) within 14 days of billing.

Uninsured Patients: If you do not have insurance, you must pay for your office visit or lab work when you present for your appointment. Any additional services received during the visit will be billed to you. If a procedure is recommended, a payment of half of the total fee is required prior to the procedure being done. You must make payment arrangements on any remaining balances within 14 days of billing.

If your insurance changed and you do not have your new insurance information at your visit, you will be asked to pay for your services until you provide us with your insurance information. We will then submit your claim to your insurance and refund any credit to you after insurance pays.

Appointments: To best serve our patients, we kindly ask for a 24 hour notice if you are unable to keep an appointment. Appointments missed may be assessed a "no show appointment" charge. This charge is not covered by insurance and will be applied to your account.

Returned Checks: You will be assessed a fee for a returned check. This fee will be applied to your account in addition to the insufficient funds amount.

Delinquent Accounts: In the event that we must take action to collect an unpaid balance, your account may be sent to an outside collection agency. At the time an account is sent to an outside collection agency, any appointments, lab work or refills will be forfeited until the delinquent balance is paid in full to the collection agency. After the collection account is satisfied, in order to receive services, you will need to pay for the office visit when you present for the appointment, regardless of insurance coverage. Kaukauna Clinic, S.C. will file a claim to your insurance carrier, and any credits will be refunded to you. In the event that your account is sent to an outside collection agency for a second time, we may terminate the patient's and/or family's relationship with Kaukauna Clinic.

If you have listed Kaukauna Clinic, S.C. as a creditor in a bankruptcy suit, you are considered a financially high-risk patient. Therefore, your account will be handled according to the Uninsured Patient's Policy set forth above, regardless of any insurance coverage. Once your insurance claim is processed and credit is re-established, you will no longer be considered a financially high-risk patient.

Form Completion: There may be a time when you are required to have your provider complete a form for you. This could be FMLA, disability, AFLAC, injury reports, etc. There is a charge for the completion of these forms, and that charge will be applied to your account. This charge is your responsibility, as insurance will not cover it. Also, we will not bill Worker's Compensation or your employer for form completion.

PATIENT ACKNOWLEDGMENT

I have received and read the Patient Financial Policy Agreement and/or it has been fully explained to me. I acknowledge understanding of the Policy Agreement and my responsibility regarding payment for services received. I acknowledge that I am competent to sign this Agreement or that I am authorized to execute it on the patient's behalf.

Print Patient's Name: _____ Date of Birth: _____

If legal representative, relationship to patient _____

Patient's/Legal Representative's Signature: _____ Date: _____