KANSAS MEDICAL CLINIC, P.A.

Thank you for choosing Kansas Medical Clinic as your health care provider. Your healthcare is a partnership between you and your provider and in that regard, we are committed to providing you with quality and affordable healthcare. As a patient, you also share in your personal healthcare, and the following is a statement of our office and financial policies to assist you. Please read and sign prior to treatment.

Office Policy

1. Office Hours. Our office hours are Monday-Friday from 8:00am to 5:00pm. We close the office for lunch from 12:00-1:00pm daily. We also close in observance of the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Friday after Thanksgiving, and Christmas. After Hours, if you experience a life-threatening emergency call 911 or go to your nearest emergency room. If you have a non-emergency call, you may leave a message on the voice mail, and your call will be returned on the next business day.
2. Appointment Times. Our policy is to call patients two days prior to their appointment to remind them of the date and time. We perform these calls as a courtesy to our patients. Arriving promptly for your appointment is not only a courtesy, but a consideration for those patients whose appointments are scheduled after yours. Recognizing that everyone's time is valuable, and that appointment time is limited, we ask that you provide 48-hour notice if you are unable to keep your appointment.
3. No-Show or Cancellation less than 48 hours in advance: We want to ensure patients are able to attend their scheduled visits and send out both phone calls and text message reminders. We ask that you provide 48 hours' notice if you are unable to attend your scheduled visit, which allows us to offer the appointment to another patient. KMC has implemented a fee for missed appointments or late cancellations. To avoid this fee, please ensure that you cancel or reschedule your appointment at least 48 hours in advance. If a cancellation or no-show pattern is identified, which is determined as missing three appointments without adequate prior notice our physicians/providers do retain the right to terminate you from the practice at their discretion.
4. Phone calls. In order for us to see patients at their scheduled appointment time, it may not be possible to answer your phone calls immediately. In that regard, you may be asked to leave a voice mail message for our staff. We will attempt to return calls received before 3:30 the same day; calls received after 3:30 may be returned the following business day.

Financial Policy

1. Payment for Services. Please understand that payment for healthcare services is required and is your obligation as a result of receiving services from Kansas Medical Clinic and its subsidiaries. We accept cash, checks, Visa, and Mastercard.
2. Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is due at each visit. Please let the staff know if you need to visit with a manager to arrange a payment plan. If you are insured by a plan, we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. If your insurance requires a referral or for services to be done by a specific laboratory, it is your responsibility to obtain the referral or let us know where your lab specimens should be sent. Please contact your insurance company with any questions you may have regarding your coverage.

3. Copayments and deductibles. All co-payments and deductible amounts must be paid at the time of service. This arrangement is part of your contract with your insurance company.
4. Non-covered Services. Please be aware that some and perhaps all of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.
5. Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid health insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information you may be responsible for the balance of a claim. Coverage Changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.
6. Claims Submission. We utilize a billing company to submit your claims and assist you in any reasonable manner to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. If your insurance company has not paid for claims submitted after 90 days, the balance may become your responsibility to pay. You need to contact your insurance regarding payment if they have not paid and you have a dispute with them regarding payment. Your insurance benefit is a contract between you and your insurance company.
7. Pathology lab specimen: We utilize Kansas Medical Clinic Pathology Lab to process our specimens. Dermatology specimens are read by a Board-Certified Pathologist. Please advise your provider if you wish for your lab specimen to be sent to any other lab.
8. Minors. For children under the age of 18, an adult is responsible for payment. In addition, in many instances minors cannot receive medical treatment without the consent of a parent or legal guardian.
9. Nonpayment. After your insurance has paid or denied your claim you will receive a statement. If you are unable to pay your bill in full you will need to contact the Customer service number on the bill to set up payment arrangements. Consideration of the inability to pay is made based on submitted financial documentation and can be obtained by contacting the number on your bill or our office and requesting a Hardship Form. Please be aware if your balance remains unpaid and overdue we may refer your account to a collection agency.

Our practice is committed to providing the best treatment for our patients. Thank you for understanding our office and financial policies. Please let us know if you have any questions or concerns.

By Signing below, I hereby certify that I have read and understand the office and financial policies and agree to abide by their guidelines and that I authorize Kansas Medical Clinic or their agents to release the necessary information to complete and process my insurance claims.

_____ _____

Signature of patient or responsible party Date

_____ _____

Printed name of patient or responsible party Relationship to patient