

Frank W. Shagets, M.D.

620 W. 32nd Street, Suite B
Joplin, MO 64804

Financial Policy

Thank you for choosing us for your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

All patients must complete our patient information form **before** seeing the doctor.

Regarding insurance:

We will file your insurance as a courtesy for you. However, at the time of your visit we do expect you to pay any co-pay, co-insurance and/or deductibles. Please remember your insurance policy is a contract between you and your insurance company. We are not party to that contract unless it is a managed care policy that we have carefully negotiated prior to your visit to this office. In the event that we do not accept assignment of benefits the balance is your responsibility whether insurance pays or not. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare program and/or other medical insurance.

We cannot bill your insurance unless you have provided us with the necessary information. At your initial visit we do require a copy of all your insurance cards.

After 60 days, if your insurance has not paid on your claim, this bill will be turned over to your responsibility and we will expect your payment in full. Upon prior approval we can bill this balance to your credit card. You will need to provide us with this information.

Regarding insurance plans where we are a participating provider. All co-pays and deductibles are to be paid at the time of service. In the event that your insurance coverage changes to a plan where we are not participating providers, please refer to the preceding paragraphs.

Usual & Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment of any difference between your insurance company's arbitrary determination of usual and customary rates and our fees.

Adult Patients:

Adult patients are responsible for full payment at the time of service.

Minor Patients:

The adult accompanying a minor and the parents (or guardians of the minors) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/MasterCard, or payment by cash or check at time of service has been verified.

Divorce Decrees:

Our office is **NOT** a party to your divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility of minors rest with the accompanying adult.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I hereby authorize direct payment of surgical/medical benefits to Frank W. Shagets, M.D. for services rendered by him in person or under his supervision. I understand that I am financially responsible for any balance not covered by my insurance. In addition, I agree to pay any additional charges related to the cost of collection (including, but not limited to, collection agency fees, reasonable attorney fees and court costs), in the event that I would fail to pay my bill.

I understand and agree to this Financial Policy.

X _____ Date: _____
Signature of Responsible Party