



Patient Payment Policy

Thank you for choosing Mercy Physician Group (MPG) as your provider. We strive to provide all our patients and their families with quality, affordable medical care in a warm and friendly environment. Please read this policy, ask us any questions that you may have and sign in the space provided. A copy of this will be provided upon request.

Payment is due at the time of service. Patients with verifiable third party coverage, will be responsible for all out-of-pocket expenses (deductibles, co-insurance, copays and non-covered services), at the time of service. Although MPG will file secondary payer claims, the patient remains responsible for all financial obligations at the time of service. Patients are ultimately responsible for payment in full of their bills to MPG, except for patients whose third party contract states otherwise. We accept cash, check, MasterCard, Visa, and Discover.

Proof of identification and insurance must be provided before seeing a provider. **If you are unable to provide us with proof of insurance at your visit, we will consider you a self pay account and expect payment in full at the time of service.** If your insurance coverage changes, please notify us as soon as possible so we can make appropriate changes to our information to maximize your benefits. If a claim is denied due to change in coverage it becomes your responsibility until we have received updated information.

We will submit your insurance claims and provide assistance to you to help get your claims paid. Your insurance company may ask you to supply them information directly; it is your responsibility to comply with their request. If you do not comply with their request(s) for additional information and we are unable to settle the claim, payment will become your responsibility.

Thank you for taking the time to read this policy. Please let us know if you any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date

Printed Name