



KEYSTONE RURAL HEALTH CONSORTIA, INC

Thank You for choosing KRHC as you primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. **Insurance.** We participate in most insurance plans. If you are not insured by a plan we accept, payment in full is expected at each visit. If you are insured by a plan we do accept but do not 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. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Co-payments and deductibles.** All co-payments must be paid at the time of service. All deductibles will be billed to patient and must be paid within 30 days of receipt of statement. Co-payments and deductibles are part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud.
3. **Non-covered services.** Please be aware that certain services you receive may be non-covered or not considered reasonable or necessary by your insurance. You must pay for these services in full at the time of the visit. Our staff will make every effort possible to notify you in advance in this circumstance.
4. **Proof of Insurance.** Patients must provide a driver's license and current valid insurance card at each visit before seeing the provider as proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.
5. **Claims submission.** We will submit your claims and assist you in any way we reasonably can 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. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
6. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes.
7. **Nonpayment.** If your account is over 120 days past due and you have not responded to a payment plan request, you will receive a collection letter. If payment is not negotiated or received in full within 30 days, our providers will only be able to treat you on an emergency basis.
8. **Missed appointments.** Our policy is to charge for missed appointments not cancelled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us serve you better by keeping your regularly scheduled appointment.

KRHC is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

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

Signature of patient or responsible party

Date