

# Rocky Top Medical Center

## Financial Policies

Ours is a caring business, one that cares about the physical health and well-being of its' patients, many of whom have been cared for by our Providers for many years at various locations. We appreciate your loyalty and your business, We also care about the financial health of our business. particularly so that we will remain in business to service your health care needs for many years to come. It is with these thoughts in mind and our desire for clear communication that we present these policies for your review and signature.

1) Payment is expected at the time services are rendered unless other financial arrangements have been made in advance. We accept cash, personal checks as well as Visa, MasterCard, and American Express. We reserved the right to charge you a fee for missing scheduled appointments without advance notice.

2) You are required to bring your current health insurance card with you for EACH visit.

3) Our contracts with your insurance companies require that we collect all co-payments and deductible amounts as well as those amounts not reimbursed or for non-covered services as determined by your insurance company. The contract for insurance is between you and the insurance company, Rocky Top Medical Center bills your insurance company as a courtesy to you but you remain responsible for all charges not paid by your insurance company. You agree to immediately forward any payments made directly to you by your insurance company for services rendered by the Clinic.

4) We recognize that occasionally, patients forget to bring their form of payment or health insurance card with them to the Clinic. We reserve the right to not provide services to patients who abuse this policy (as determined by Rocky Top Medical Center).

5) New patients to the Clinic, not covered by a valid insurance agreement on the date of the services, will be required to pay their entire bill in full upon completion of those services. A \$50 deposit will be required at the time you check-in with the front desk.

6) A copy of a valid identification with your photo will be required for our files. This is a requirement of third party payers to minimize fraud and abuse.

7) Interest will be charged on all outstanding balances (defined as those that remain unpaid 30 days from the date of the bill) at the rate of 1.25% per month. Rocky Top Medical Center reserve the right to send delinquent patient accounts to outside agencies for collection. The patient (or the financially responsible party) agrees to reimburse Rocky Top Medical Center for all costs of collection, including legal fees and interest.

8) A fee of \$25 will be added to your account in the event a bank returns your check to us for non-sufficient funds. The previous account balance is still due and payable.

I have read and understand the financial policies of Rocky Top Medical Center, PC, and agree to abide by and be bound by them as evidenced by my signature below.

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Signature of Insured / Financially Responsible Party

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Date