

FINANCIAL POLICY

We appreciate you choosing NCI Medical for all your healthcare needs. It is our mission that all our patients receive the best possible care and service. Therefore, your complete understanding of our financial policy as it relates to your financial obligation is essential. Please read this document thoroughly.

- If you are a member of an insurance plan that NCI Medical participates with, we will submit your claim to your insurance company. Your co-payment is expected at the time services are rendered. Patients will be billed in full for any services that their insurance plan deems as “not a benefit” or a “non-covered service,” also for the portion that is deemed their “deductible/co-insurance” or “patient responsibility.”
- NCI will charge a \$3.00 surcharge on statements when a credit card is used
- Any overpayment of accounts will be refunded within 2 weeks of receiving the payment. If the refund is less than \$5.00 it will be left on your account to use towards your next appointment.
- If NCI Medical does not participate with your insurance carrier, payment in full will be required by you at the time services are rendered. All office visits and preventive care must be paid in full. You will be eligible for a cash discount for services if you pay with cash or check the day of your service.
- Medicare patients are responsible for their deductible, co-insurance, and any services Medicare might deem as “medically unnecessary.” Medicare patients may also be asked to sign an Advanced Beneficiary Notice (ABN) form as required by Medicare for certain services.
- Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. For minors, the parent who carries the insurance for the minor will be financially responsible for all charges incurred.
- NCI Medical follows the fee requirements of the State of Indiana for requests of medical records. Payment may be required prior to records being released. Completion of forms you bring in for Family Medical Leave Act (FMLA), disability, medical history, etc. will be charged at \$20.00 per form.
- NCI Medical accepts cash, personal check, money orders, credit, and debit cards as payment for services rendered. A \$50 fee will be assessed for any declined budget payment plan transactions as well as checks returned for insufficient funds. At that time only cash, credit/debit card, or money order will be accepted for payment.

North Central Indiana Medical Clinic
112 S Main Street
Milford IN 46542
574-832-6246



- NCI Medical reserves the right to turn any account over to collections if it is deemed that the account has been in default of payment or compliance with this policy. In the event you breach this agreement, you agree to pay all collections fees, including attorney’s fees, incurred by us in enforcing the terms hereof, whether or not formal legal proceedings are commenced.
- We understand that emergencies happen but if you must cancel an appointment, NCI Medical requires that you give at least a 24 hour notice. This allows us to give your appointment to another patient. Failure to give a 24 hour cancellation notice or failure to keep your scheduled appointment **could result** in a charge of \$30.00. We also **reserve the right** to charge a minimum of \$100 for surgeries cancelled, missed or rescheduled without a 48 hour notice.
- If NCI Medical is required to send more than three statements attempting to collect patient due monies, a \$5.00 statement fee will be applied. This fee will be added for each additional statement until the account is paid in full.
- NCI Medical requires prepayment of deductible and co-insurance for “non-emergent” procedures, and surgeries for insurance patients. NCI Medical requires prepayment of half the total amount for “non-emergent” procedures and surgeries for self-pay patients.

I have read and understand the practice’s financial policy and I agree to be bound by its terms or I may be dismissed from the practice. I also understand and agree that such terms may be amended by the practice from time to time.

Signature of Patient (or responsible party if a minor or incapacitated)

Date

Printed Name of Patient