

KEARNY COUNTY HOSPITAL/FAMILY HEALTH CENTER
FINANCIAL POLICY

A clear definition of our financial policy will allow you and your health care providers to concentrate on the main issue: **REGAINING AND MAINTAINING YOUR HEALTH.**

We accept cash, checks, MasterCard, or Visa. Your bill might include office visits, x-rays, physician fees (nurse practitioner), lab, physical therapy, and other charges related to your in patient or out patient care. As a service to you, we file your insurance. Amounts not covered by your insurance are your responsibility. **ALL CO-PAYMENTS MUST BE PAID AT THE TIME OF SERVICE.**

IF YOU DO NOT HAVE INSURANCE, payment in full is expected at your visit. Both parents are responsible for any bills of minor children. If there has been a divorce, this does not change. Court ordered financial obligations in a divorce do not limit our ability to hold both parents responsible.

Your involvement is required if you want your maximum allowable insurance benefits. Please bring your insurance card to your office visits. Check your insurance for co-pay or authorization requirements. Providing correct insurance information and any necessary authorization(s) are your responsibility. You are responsible to pay any charges denied by your insurance because of missing/inaccurate information. Call our billing office at 620-355-7550 with questions or update information.

Our relationship is with YOU, not with your insurance company. Kansas law states that insurance claims should be paid within 30 days (K.S.A. 40-2442). Please call your insurance company if your bill is not paid promptly. Some insurances require that you provide a signed claim form or accident details. Failure to follow up or respond to requests from your insurance company will result in the balance becoming your responsibility. Payment is due even if you are in litigation.

We accept assignment from Medicare and Worker's Compensation. We also accept the following insurance plans: Blue Cross/Blue Shield of Kansas, Choice Care, Blue Select, Premier Blue, BMI, PHC Network, WPPA Network, and others. If we do not participate in your insurance network, payment for estimated out-of-network expenses is due at time of service.

Elective surgery/OB patients who do not have any insurance must make payment arrangements prior to the elective surgery/delivery. Our staff will estimate your fees and help you set up reasonable payment arrangements.

Failure to honor your payment arrangements will make the balance immediately due in full. Interest may be charged on your unpaid account balance each month. Delinquent accounts will be processed for collection including: reporting to a credit agency, turning account to a collection agency, utilizing Kansas or Federal income tax refund collection services, and other collection activities.

By signing below, I acknowledge that I understand and accept the above terms.

Patient's Signature

Date

(If minor) Responsible Party Signature

Date

Patient or Responsible Party Social Security Number _____