



Patient Name:

Date of Birth:

Date of Visit:

Billing Policies
Effective 10/01/2015

In consideration of the services to be provided by Rural Urgent Care LLC/MainStreet Family Urgent Care and its physicians, providers, and Independent Physician Contractors, the undersigned jointly and severally, agree to pay all charges, deductibles, co-payments, and/or co-insurance amounts determined not paid or allowable by health insurance payors. Certain routine services and procedures, which are determined as necessary by the treating physician/provider, may not be covered by Medicare, Champus, Blue Cross and Blue Shield, and other third party payors. I/we agree to pay these non-covered services and/or procedures if ordered and performed by the treating physician/provider or Rural Urgent Care LLC/MainStreet Family Urgent Care. I/we agree to make payments according Rural Urgent Care LLC/MainStreet Family Urgent Care credit terms. In the event I/we should default in payment of any of the above charges then I/we agree to pay all reasonable costs of collection, including a reasonable attorney's fee as might be allowed by law, whether the account shall be referred to a collection agency or an attorney.

ASSIGNMENT OF BENEFITS

The undersigned assign payment of authorized insurance benefits otherwise payable to the policyholder, including Medicare and Champus benefits, directly to Rural Urgent Care LLC/MainStreet Family Urgent Care, or its authorized representatives who provide services.

I certify that all information is correct which has been given to apply to payment under Medicare, Champus, managed care, and Blue Cross and Blue Shield, and other third party programs.

AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned authorize Rural Urgent Care LLC/MainStreet Family Urgent Care and its treating physicians/providers, to furnish any medical and billing, information about this account, including but not limited to the following:
INSURANCE BILLING -- information requested by the insurance company, Medicare, Champus or other third party payors to support the claim submitted for payment of charges applicable to this account.

MEDICAL NECESSITY AND APPROPRIATENESS OF SERVICES -- Information requested by any utilization and/or Peer Review

Organization associated with the insurer(s) to evaluate the medical necessity and appropriateness of services of the account or to determine the benefits for related services.

This release allows disclosure about the treatment, diagnostic testing, or other medical information including psychiatric, alcohol, HIV, drug abuse, cancer registry treatment and follow-up and/or other confidential information. The recipients are prohibited from any re-disclosure of this

information. The undersigned has the right to subsequently revoke this release. The revocation shall not pertain to information previously released. Information requested in good faith by any health care facility or physician for facilitating continuing care and treatment is authorized.

In an effort to decrease billing costs so that we may focus on patient care, Rural Urgent Care LLC/MainStreet Family Urgent Care enforces the following policies:

Patients will receive one written statement at the mailing address they provide. Any balance unpaid 120 days from the date of service may be sent to a collections agency. All "Self-Pay" or "Time-of-Service" patient balances are due at the time of service. Any refunds will be issued on a monthly basis.

All patients are asked to place a credit card on file. Credit card information will be stored in a compliant, fully encrypted database.

In the instance we are billing patient's insurance, we will collect their co-pay at time of service. Once the patient balance is received from the insurance, if the remaining balance is less than \$150, the patient's credit card will automatically be charged for the amount due and a statement showing payment will be mailed to the address provided.

If the remaining balance is greater than \$150, a statement will be mailed to the address provided and the normal collections policy will apply.

If a patient is unable or unwilling to place a credit card on file, MainStreet Family Urgent Care will estimate the amount due and take the payment at the time of service. The patient will be sent one statement for any remaining balance after which the normal collections policy will apply.

All returned checks will result in a fee of \$30.00 to the guarantor.

By providing my electronic signature below I ACKNOWLEDGE THAT I HAVE READ AND ACCEPT RURAL URGENT CARE LLC/MAINSTREET FAMILY URGENT CARE'S NOTICE OF PRIVACY PRACTICES AND BILLING POLICIES.

X

Signature

Date