

Patient Financial Responsibility

We are committed to providing you with the best possible medical care. If you have special needs; we are here to work with you and the following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

1. The total patient balance due is required to be paid at the time services are provided. For your convenience, we accept cash, checks, Visa, MasterCard, Discover, American Express and Care Credit opportunities.
2. Our office participates with a variety of insurance plans. It is your responsibility to:
 - Bring your insurance card to every visit.
 - Be prepared to pay your co-payment at each visit by cash, check, or credit card.
 - For medical care not covered under your insurance, payment in full is due at the time of the visit.
 - You are responsible for any outstanding balances owed to the Covenant Medical Group for services provided to you or any family member for which you are responsible.
3. If you have insurance that we do not participate in, our office is happy to file the claim upon request; however, payment in full is required at the time of service.
4. Referrals: It is your responsibility to bring any required referrals for treatment at, or prior to the visit. If you do not have the referral, your visit may be rescheduled or you may be financially responsible.
5. If the patient is a minor (18 years or younger), the parent or guardian must sign below. The parent, guardian or unaccompanied minor is responsible for any payment due at time of service, bringing the necessary referrals and insurance card.
6. If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (number is on the insurance card).
If your insurance company determines services provided are not covered, the responsible party owes the payment
7. If you fail to make payment in full for the services, your outstanding balance will be sent to a collections agency. If you consistently refuse to pay for services rendered, CMG may choose to cease providing services to you.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communications. Questions about financial arrangements should be asked prior to services provided. Please sign that you have read and agree to the above mentioned financial information which assigns Covenant Medical Group, and/or any physician who has treated you, all rights, title, and interest in any payment due you for services provided in the policy or policies of insurance including Medicare or Medicaid. I authorize any holder of medical or other information about me to be released to Social Security Administration or its intermediaries/carriers any information needed for this claim. I agree to pay for charges which may be greater than the amount paid by the insurance company or companies.

Signature of Patient or Responsible Party Date

Signature of Co-Responsible Party Date