

Calvary Medical Clinic



“Where Your Healing Begins”

PAYMENT POLICY

Health care benefits and coverage options can be very confusing. Please carefully read the following payment policy to assist you in understanding your financial responsibilities. Ask us any questions you may have before signing it and feel free to request a copy.

INSURANCE: We participate in most insurance plans, including Medicare and Medicaid. If you are not insured by a plan that we do business with and/or you are a self-pay patient, payment in full is required, before services are rendered, at each visit unless family qualifies for a sliding fee discount. If you are insured by a plan that we do business with but do not have an up-to-date insurance card and we are unable to verify your insurance coverage, payment will be required, before services are rendered, at each visit until we can verify your insurance coverage unless family qualifies for a sliding fee discount.

If you are insured, uninsured or underinsured, your visit fee may be discounted on a sliding fee scale based on family income and composition according to federal guidelines. Our staff will assist you in determining if you qualify for a discount; if you do, they will also assist you with the application.

Please contact your insurance company with any questions that you may have regarding your insurance coverage because knowledge of your insurance benefits and insurance provider network is your responsibility.

CO-PAYMENTS AND DEDUCTIBLES: All co-payments and deductibles must be paid before services are rendered, at each office visit unless family qualifies for sliding fee discount. This arrangement is part of the contract you have with your insurance company and by law, we must comply with it.

NON-COVERED SERVICES: Your insurance may not cover some services your provider recommends. Any service not covered by your plan is your responsibility and must be paid in full at the time of service unless family qualifies for sliding fee discount.

PROOF OF INSURANCE: You must provide us with current and valid proof of your insurance coverage at the time of your visit. If you fail to provide us with current and valid proof of insurance, you will be responsible for the balance of your insurance claim(s).

CLAIMS SUBMISSION: We will submit your insurance claim(s) and reasonably assist you if necessary, in getting your insurance claim(s) paid. It is your responsibility to provide your insurance company with any additional information they request that may assist in processing your claim. Please be aware that the balance of your claim(s) is your responsibility whether or not your insurance company pays for your claim(s) unless family qualifies for a sliding fee discount.

COVERAGE CHANGES: If your insurance changes, please notify us before your next visit so that we can make sure we bill the appropriate insurance and that you receive the maximum benefits offered by your insurance.

NONPAYMENT: If your account is over 90 days past due, you we will send you a courtesy letter requesting that you contact us regarding payment on your account. Partial payments will be accepted upon authorization. If your balance remains unpaid, we may refer your account to collection.

NO INSURANCE OR UNDER INSURED: If you do not have any insurance or limited insurance and you are unable to pay the full amount due for medical care, you may qualify for a sliding fee discounted program offered by our organization. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services. Please see one of our staff members for more information and to see how you can qualify f or this program.

I have read the payment policy, asked questions and/or expressed my concerns, and now understand and agree to abide by its guidelines.

Date: _____/_____/_____

Patient / Responsible Party Name (*printed*): _____

Patient / Responsible Party Signature: _____

Cleveland Clinics
108 S. William Barnett Ave
Cleveland TX 77327
281-592-9775
Fax: 281-432-0548

Livingston Clinic
309 Hwy. 59 S. Loop
Livingston, TX 77351
936-327-1055
Fax: 936-329-8800

Humble Clinic
8484 Will Clayton Pkwy
Humble, TX 77338
832-995-5200
Fax: 281-995-5219