



4101 Anderson Avenue Manhattan, KS 66503 • 785-587-4101

Financial Policy

Acceptable Forms of Payment

- Cash
- Check
- Visa
- Master Card
- American Express
- Discover
- Health Savings Card (Visa or Master Card)

You are responsible for paying your co-pay, deductible, or any other out-of-pocket portions at the time services are rendered. Please see the Business Office if you have any questions regarding this expectation or if you are having difficulty paying your bill to discuss payment options.

Self-Pay: Patients who do not carry health insurance coverage are considered to be self-pay. This means that you are required to pay for services in full at the time of your visit. In cases where payment in full is not possible, you will need to visit the Business Office to make arrangements for the balance left unpaid.

There are times when the check-out desk cannot provide an exact amount due. In those cases, we require that you pay what can be calculated as due. Once the Business Office has processed all the charges, a statement will be mailed with the balance due.

Insurance: At present, Stonecreek Family Physicians, LLP is *contracted* with the following health insurance providers: Blue Cross Blue Shield, Medicare, Medicaid (Kancare, Sunflower, and United Healthcare, and most other commercial insurances. **Contracted** means we have an agreement with the specific insurance company to accept an allowed amount for covered services rendered. Please contact your insurance provider to verify coverage at our office.

Proof of Insurance: Without timely proof of insurance, you will be responsible for all service rendered. If your insurance changes, please notify our office so that your claims are submitted properly.

Out-of-Pocket Expenses: Out-of-Pocket expenses are the responsibility of the patient and are based on your individual policy.

Finance Charge: Once insurance has processed and the balance becomes the patient's responsibility, a finance charge will be imposed on each item of your account, which has not been paid in full within thirty (30) days. The finance charge will be computed at the rate of 1.5% per month or an annual percentage rate of 18%.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect any debt, including turning your account over to a collection agency and reporting to the credit bureau.

Returned Checks: Stonecreek Family Physicians, LLP will be happy to accept your check as a form of payment. In the event that your check is returned unpaid, you understand and agree to pay the balance due plus a processing fee of \$5 for the handling of the returned check.

3rd Party Payers: In the event that your injury or illness is the result of an auto accident, is the direct result of a work related situation, or other incident where a 3rd party payer will be liable for your healthcare treatment costs, you will be required to notify us at the time of service. Failure to do so will make you financially responsible for the expense associated with your care. Stonecreek Family Physicians, LLP will bill the 3rd party payer if the proper information is provided, which includes proof of liability, payer name and address. Any other claims must be paid at the time of service.

Waiver of Confidentiality: You understand if your account is submitted to a collection agency or if your past due status is reported to a credit reporting agency, the fact that you received treatment at Stonecreek Family Physicians, LLP will become a matter of record.

Children of Divorced Parents: The parent, or responsible party, accompanying a child(ren) for care is responsible for payment at the time of service. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. Account statements for child(ren) will be sent to the address where the child resides the majority of the time or the parent designated in the divorce decree as financially responsible for the child(ren)'s expenses.