

**Pendleton Medical Group**  
**Financial Policy**

Thank you for choosing us as your healthcare provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign. This will remain in effect for all services rendered during your time as a patient at Pendleton Medical Group.

All patients must complete a patient registration form and provide a copy of their insurance cards.

**WE ACCEPT CASH, CHECK, OR VISA/MASTERCARD**

**Regarding Insurance:**

If we are a participating provider in your insurance plan, we will file claims with your insurance company. As a part of our insurance contract, we do require co-pays and 10% of deductibles to be paid at the time of service. Co-pays must be paid prior to seeing the physician.

Your insurance policy is a contract between you and your carrier and although our office will be happy to assist you in managing your claims, ultimately it is your responsibility. The patient is responsible for payment of all services rendered, regardless of claim status. Please be aware that some of the services provided may be non-covered services and not considered reasonable or necessary under your medical insurance plan. You may be asked to sign a procedure waiver, if we believe that your insurance may deny payment for that service.

**Usual and Customary Rates:**

Our practice is committed to providing the best treatment of our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

**Minor Patients:**

The adult accompanying a minor or the parent(s) or guardian(s) of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless payment is collected prior to services rendered by cash, check, or credit card.

**Motor Vehicle Accidents:**

Payment for visits regarding auto accidents will be due at time of service. Upon patient release, Community Physicians of Noblesville will provide a health insurance claim form, details of examination, and other required information.

**Missed Appointments:**

Unless cancelled at least 4 hours in advance, our policy is to charge for missed appointments at the rate of \$25.00. If you are more than 15 minutes late, you will have to re-schedule and will be charged for cancellation.

**Self Pay Balances:**

Self pay balances must be paid in full prior to your next visit.

**I have read, understand, and agree to the Financial Policy.**

Patient Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Pat./Responsible Party

\_\_\_\_\_  
Date