



# Patient Financial Agreement

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Please read the following information closely. If you have any questions, please ask as we want to ensure that you completely understand our financial policies.

## Financial Responsibilities:

1. Bluestone Physician Services (BPS) participates with Medicare, Medicaid and many commercial insurances. While BPS may have an agreement with your insurance, it is your responsibility to know if your plan is in network. By contract, covered charges will be paid directly to BPS. Any applicable co-insurance payments and/or deductibles are due upon receipt of your account statement.
2. When an account balance becomes your responsibility, the balance is due upon receipt of the first account statement from BPS. If any part of the account balance becomes delinquent, then the account balance may be subject to collection activities.
3. If you make an appointment for a wellness visit and/or yearly physical only and your doctor treats you for an illness or counsels you regarding a medical condition during the visit, there could be a separate charge that may become patient responsibility.
4. During your appointment, your provider may order additional medical services, such as imaging, laboratory tests, which will need to be sent out to be processed. In this case, you may receive a separate bill from an external company, which will be your responsibility.
5. If you experience a gap in insurance coverage or loose insurance coverage while receiving care, BPS currently does not provide services to uninsured or private-paying patients at this time.

## Assignment of Benefits & Authorization to Release Medical Information:

I authorize medical benefits paid by my insurance carrier(s) be made to Bluestone Physician Services (BPS), for application to my bill, for any services furnished to me by BPS, and I hereby assign to BPS all assignable rights to payment for services rendered by BPS, including all Medicare benefits if I am in that program.

I authorize my insurance carrier to release information regarding my coverage to BPS. I authorize any holder of medical information about me to release it to the following when applicable to determine benefits for related services: Division of Family Services, Centers for Medicare and Medicaid Services, insurers and/or agents of these companies, or other healthcare providers assisting in my medical care. I understand and agree that my health information may be used and disclosed by BPS, other providers, and insurers for treatment, payment and health care operations purposes.

## Financial Agreement:

**I understand that it is my responsibility to know what the terms of my insurance are, and in compliance with those terms, agree to the following:**

I understand that I am financially responsible for any charges regardless of insurance coverage.

I understand and will pay all applicable co-pays or co-insurance and outstanding account balances as they become due.

I understand that I may be billed for charges not covered under my insurance policy.

I understand that if I experience a change to my insurance information on file, it is my responsibility to report that information to BPS.