



PATIENT NAME \_\_\_\_\_

DOB: \_\_\_\_\_

**\*\*REQUIRED\*\***

### **FINANCIAL POLICY**

**In order to provide your health care at the most affordable cost, Lake Health Physician Group requires payment at the time of service.**

#### **IF YOU HAVE INSURANCE**

Lake Health Physician Group participates with many health insurance carriers. As a service to our patients, we will submit an insurance claim provided we have that information on file. It is the patient's responsibility to ensure that Lake Health Physician Group has the most up-to-date, correct insurance information on file. If you have a copayment, this will be collected when you arrive for your appointment. In the event your health plan determines a service to be "non-covered", you will be responsible for the complete charge. A statement will be sent to you and payment is due upon receipt of that statement.

In the event we are not able to confirm eligibility of your insurance, your visit will be considered self-pay, please see below.

If Lake Health Physician Group does not have a participating agreement with your carrier or you have not provided the most up-to-date insurance information to Lake Health Physician Group, your visit will be considered self-pay. Please see below.

#### **SELF-PAY**

If you are without health insurance, we do offer a 35% discount off all services rendered in the Lake Health Physician Group office (does not include any charges for lab and/or radiology professional services by non-employed physicians) when payment in full is made on the service date. Information of the total charges for your visit is available upon check-out. If you are not able to pay for services the same day, a minimum of \$150.00 is required per office visit, with the balance remaining due upon receipt of the first statement within 30 days. Failure to pay the outstanding balance could result in no further appointments being scheduled and/or dismissal from Lake Health Physician Group for non-payment in accordance with Lake Health Physician Group's policies.

#### **COLLECTIONS POLICY**

If any balance remains on your account; we will consider an outside collection agency or other means to pursue payment of your account. To avoid this, please contact our business office to discuss payment arrangements.

You may also be eligible for financial assistance under Lake Health Physician Group's current financial assistance programs. For more information on Lake Health Physician Group's financial assistance policies, please call 440-602-6682 or visit [www.lakehealth.org/patients/financial-information/financial-aid-application](http://www.lakehealth.org/patients/financial-information/financial-aid-application) for more information.

**PATIENT** \_\_\_\_\_

**GUARANTOR** \_\_\_\_\_

**DATE** \_\_\_\_\_

**WITNESS** \_\_\_\_\_