



## Patient Financial Policy Agreement

### Insurance Verification and Co-payments

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due and payable at the time of service. Payments may be made with credit cards, debit cards, or personal check.

### Appointments

It is the patient's responsibility to call and cancel scheduled appointments within 24 hours of the appointment. If appointments are not cancelled within 24 hours, InterMed shall reserve the right to charge for the no-show.

### Patient Collection Policy

A patient's claim balance will be considered past due 30 days from the date of the first statement. If a patient is unable to pay the balance in full within the 30 days, the patient should call the InterMed Billing Office (207-828-0361) to set up a payment plan. If a patient's claim balance becomes 90 days past due, the balance will be transferred to the Thomas Collection Agency. The patient should then contact the Thomas Collection Agency (207-772-4659) for payment options. Chronic non-payment may be subject to discharge from InterMed.

### Non-participating Insurance Plans

As a service and courtesy to our established patients, non-participating health insurance plans will be billed as a non-assigned claim. Any outstanding balances are the responsibility of the patient.

### Accident Cases

Patients shall be financially responsible for medical services related to an accident. InterMed will submit claims to the patient's health insurance carrier. All outstanding balances will be the responsibility of the patient.

### Workers Compensation Cases

Patients are responsible for notifying InterMed that certain treatment is injury related. Furthermore, the patient is responsible for providing InterMed the appropriate billing information (insurer, claim #, date of injury, etc.).

### Self-Pay Accounts

Self-pay accounts shall exist if a patient has no insurance coverage. A 25% prompt pay discount will be applied and payment is expected at the time of service.

### Patient Refunds

For a patient refund to be issued, there must be no outstanding insurance or patient balances. InterMed will process a refund request upon request.

### Returned Check Fees

A patient's account will be charged a \$25 fee for any checks returned from the bank for insufficient funds.

### Child Custody Cases

Unless otherwise notified and accepted by InterMed, the custodial parent shall be responsible for all outstanding charges and balances. If parents share custody (joint custody), unless otherwise agreed by the parties, the parent with the first birthday of the year will have responsibility for outstanding charges and balances. InterMed will bill the insurance carrier for both custodial and non-custodial parents.

### Specialty Referrals

If your insurance requires you to choose a Primary Care Physician (PCP), you may need prior authorization completed by your PCP prior to seeing an InterMed Specialist; for example, Audiology, Cardiology, Dermatology, ENT, OB/GYN, Physical Therapy, Sports Medicine, and certain ancillary services. It is the patient's responsibility to ensure a prior authorization is obtained. All charges incurred without a required prior authorization will be the responsibility of the patient.

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**Patient/Legal Guardian Signature** - I acknowledge receipt of these patient financial policies --

**Date**

*This financial policy is intended to promote a clear understanding with our patients. If you have any questions or need clarification of any of the above issues, please contact the InterMed Business Office at (207) 828-0361.*