

OUR MISSION

To serve our communities with compassion and respect as we promote their health and well-being.

OUR VALUES

Compassion, accountability, respect, and responsibility.

Financial Policy

Dear Patient,

The physicians and staff of Lovelace Medical Group/Southwest Medical Associates are committed to providing each of our patients with quality health care in a way that is financially responsible for both our patients and our practice. We agree to accept assignment from most insurance companies and when possible, review health care options based on cost.

If you have insurance that we accept, we expect you to:

- Pay your copay, deductible or coinsurance amount at the time of service.
- Be responsible for understanding the details of your insurance coverage, including preventive care benefits, requirements for prior authorizations, annual deductibles and copay/coinsurance amounts.
- Bring a current copy of your card to every visit and notify us of any changes in insurance coverage. If we do not have current insurance billing information, we will expect full payment for care at the time of service, even if you have provided us with insurance information in the past.

If you do not have current, valid medical insurance we expect you to:

- Pay in full at the time of service.

If you are seeking care under worker's compensation:

- We ask that you notify our office at the time you schedule your appointment so that we can verify coverage for your care.
- If we are not able to verify coverage for your care under the worker's compensation we will expect full payment for services at the time of the visit.

Methods of payment -- We accept cash, personal check, debit/ATM cards, Visa, Mastercard, American Express and Discover as forms of payment. If your check is returned for any reason, a fee of **\$30.00** will be added to your account. Our bank will continue to seek payment on your check. If your check is returned to us, we will notify you. We reserve the right to refuse future payment by check.

Past Due Accounts – We consider patient accounts (not including payment we are expecting from insurance filing) to be past due if they are not paid at the time the services are provided. If the account is not in good standing we will turn your account over to a private debt collector.





We appreciate the time you have taken to read and understand this policy. If you have any questions about any aspect of this policy, please ask to speak with someone from our Business Office. We feel that it is important for you to understand our financial policy clearly and that you feel comfortable agreeing to uphold it.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE LOVELACE MEDICAL GROUP/SMA'S FINANCIAL POLICY

I, _____ have received a copy of this office's Financial Policy

Please Print Name

Signature

Date

FOR LOVELACE MEDICAL GROUP/SOUTHWEST MEDICAL ASSOCIATES, INC., USE ONLY

We attempted to obtain written acknowledgment of receipt of our Financial Policy, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please explain)

