



FINANCIAL AGREEMENT

This is an agreement between Community Care of West Virginia, Inc. and the patient regarding payments for services provided to the patient.

By executing this agreement, the patient agrees to pay for all services that are received.

Monthly Statement: If there is a balance on the patients account, CCWV will send the patient a monthly statement. The statement will separately show the previous balance, any new charges to the account, if any, and any payments or credits applied to the patient's account during the month.

Payment Requirements: **All insurance cards must be presented to the front office at every visit.**

1. **Sliding Fee:** These patients are expected to pay the current Sliding Fee Approved Rate upon registration, with the understanding that any additional procedures and in-house labs will be charge an additional discounted fee. The patient will be required to pay for all medications, injections, and vaccines at full price.
2. **Medicare:** These patients are expected to pay 20% of a low to moderate exam fee upon registration. Patients with a Medicare Supplement will not be expected to pay until the secondary insurance is billed.
3. **Commercial Insurance:** These patients are expected to pay any co-pay or deductible upon registration. If CCWV is contracted with the patient's insurance company, contract requirements must be followed. The insurance company (not CCWV) makes the final determination of patient eligibility.
4. **Medicaid:** These patients are expected to present their medical card upon each registration to insure proper billing. The type of Medicaid that a patient has may change monthly. These patients are required to pay any co-pay, if applicable, upon registration.
5. **Workers Compensation:** If a claim is denied by Workers Compensation, the patient is responsible for payment-in-full.
6. **Private Pay:** These patients are expected to pay, in full, a low to moderate exam fee upon registration, with the understanding that the patient will be charged additional fees for any additional procedures and in-house labs.

The patient understands that there may be additional fees, depending on the level of service and procedures performed, in addition to the amount paid at registration. This amount will be billed to the patient after charges are entered.

The patient understands that their visit will be rescheduled if they do not pay their co-pay at the time of service.

Past Due Accounts: If a patient's account becomes past due, CCWV will take the necessary steps to collect this debt by referring the account to an outside source or collection agency. If further attempts to collect this debt are not accomplished, the patient may be dismissed from the practice.

Effective Date: Once you have signed the *Patient Registration Form*, you agree to all the terms and conditions contained herein and the agreement will be in full force and effect. The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Patient Signature: _____ Date: _____