

Feagins Medical Group, PLLC

PATIENT FINANCIAL AGREEMENT

PLEASE READ BEFORE SIGNING

Payment is required at the time services are rendered. To keep your account current, today's payment will be applied to the oldest balance first. Patients covered by a contracted insurance carrier will not be expected to pay for all co-pays, co-insurance, and/or remaining deductibles at the time of service.

Patients who are covered by non-contracted insurance plan(s) will be expected to make payment in full at the time services are rendered. Knowledge of the insurance plan's preferred providers and reimbursement is the responsibility of the insured patient and/or guardian, not the treating physician.

If a patient's insurance carrier does not pay for services rendered within 60 days, the full amount of charges will become the responsibility of the patient and/or guardian. We will make every effort to ensure claims are submitted properly and in a timely manner and to collect from the insurance company before any balance becomes patient responsibility. We cannot do this without a correct and updated history form. It is your responsibility to give us correct information to file to the insurance carrier. Any charges denied because of incorrect insurance information will become patient and/or responsibility unless correct information is given to us in a timely manner. If your insurance carrier needs additional information from you before they can make payment and you do not send them this information, the charges will become patient and/or guardian responsibility.

PCP Referrals – It is the responsibility of the patient and/or insured to monitor any referrals required by the insurance carrier. Any request for a referral to another provider should be requested by that provider and not from you. We require (7) business days notice to obtain or renew a referral in the event a referral is required or has expired.

The patient and/or guarantor will become responsible for the full amount of the denied charges in the event the patient and/or insured fails to change their "Primary Care Physician" with their insurance company to a physician of Feagins Medical Group and the claim is subsequently denied.

TN Medicaid/ TennCare- You will be responsible for any non-covered benefits and/or balances not covered if you are not an active Medicaid patient. Inactive Medicaid patients will be considered as cash patients unless other insurance coverage is provided at the time services are rendered. _____ initials.

Medicare/TN Medicaid-TenCare – If you have Medicare of course this is your primary insurance. TennCare is going to consider anything non-covered by Medicare (ie- transportation..). If you are dual eligible with the QMB crossover, then TN Medicaid is responsible for the member's co-pay and deductible. In order to identify this please review your TennCare card.

*If your group number ends in #17 then the member is dual eligible and the state (Medicaid) will pick up the co-pay and deductible.

*If your group number ends in #77 then the number does not have dual eligibility and is responsible for the co-pay and deductible.-----
initials.

Collections and Legal Fees – All past due accounts sent to our collections agency for nonpayment will be increased by 35% of the account balance, in addition to the collection and/or agency processing fee and all legal fees.

Signature or Parent/ Guardian

Relationship to patient

Patient

___/___/___ date

___/___/___ DOB