



930 Hayes Dr, Suite B, Manhattan, KS 66502  
Phone: 785-565-0016 Fax: 785-565-0003

## Financial Policy

This is an agreement between K+STAT Urgent Care and you, the patient named on this form.

Printed patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

### **The patient and or guarantor is financially responsible for services rendered.**

**Self-Pay:** Patients who do not carry health insurance coverage are self-pay. This means that you are required to pay for services in full at the time of your visit. We offer a 20% cash discount.

**Lab:** We outsource some of our lab work to Quest Diagnostics and Lab Corp. You will receive an additional bill.

**Waiver of Physical:** A physical is a service that is usually performed by a primary care physician. It is often not paid by insurance companies when performed in an urgent care setting. Anyone who wishes to receive a physical must accept financial responsibility

I Choose to pay by CASH \_\_\_\_\_ CHECK \_\_\_\_\_ or CREDIT / DEBIT CARD \_\_\_\_\_ on the day that treatment is rendered.

**Insurance:** At present, K+STAT Urgent Care is contracted with several commercial and non-commercial insurances. Please contact your insurance provider to verify coverage at our office. If your insurance requires a referral and/or preauthorization, you are responsible for obtaining it prior to your appointment.

**Out-of-Pocket Expenses:** Out-of-Pocket expenses are the responsibility of the patient and are based on the individual policy. Payments are due with-in 30 days of being processed by insurance or finance charges will be applied. In cases where payment in full is not possible a payment plan can be made. The finance charge will be computed at the rate of 1.5% per month or an annual percentage rate of 18%.

**Past Due Accounts:** If your account becomes past due, we will take necessary steps to collect any debt, including turning your account over to a collection agency and reporting to the credit bureau. A service charge will be assessed to your account for this process.

**Returned Checks:** Stonecreek Family Physicians, LLP will be happy to accept your check as a form of payment. In the unlikely event that your check is returned unpaid, you understand and agree that your check will be collected electronically or redeposited by paper draft. You understand and agree that we will electronically collect the maximum returned check processing charge allowable by state law.

**Workers compensation:** We require you to notify us at the time of visit that this is due to a work-related situation. Failure to do so will make you financially responsible for this bill. K+STAT will bill workers compensation companies we are contracted with. Any other claims must be paid at the time of service.

**Waiver of Confidentiality:** You understand if your account is submitted to a collection agency or if your past due status is reported to a credit reporting agency, the fact that you received treatment at Stonecreek Family Physicians, LLP will become a matter of record.

**Children of Divorced Parents:** The parent, or responsible party, accompanying a child (ren) for care is responsible for payment at the time of service. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. Account statements for child(ren) will be sent to the address where the child resides most of the time or the parent designated in the divorce decree as financially responsible for the child(ren)'s expenses.

PRINTED RESPONSIBLE PARTY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Revised: August 2020