



930 Hayes Drive  
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.

In this agreement the words *you*, *your*, and *yours* mean the Patient. The word *account* means the account that has been established in your name to which charges are made and payments credited. The words *we*, *us*, and *our* refer to K+STAT Urgent Care.

### **Payment options if you have no insurance or have insurance we are not contracted with.**

You choose to pay by cash \_\_\_\_ check \_\_\_\_, or credit / debit card \_\_\_\_ on the day that treatment is rendered.

### **If you have Blue Cross Blue Shield, Medicare, Preferred Health Systems, Tricare, Harrington Health, Coventry, Health Partners of KS or Century insurance:**

- A. You are responsible for paying your co-pay, deductible, and any out-of-pocket portions at the time services are rendered: cash \_\_\_\_\_ check \_\_\_\_\_, or credit / debit card \_\_\_\_\_
  
- B. If Blue Cross Blue Shield or Tricare insurance requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from the insurance company.

**Insurance:** At present, K+STAT is *contracted with*: Blue Cross Blue Shield, Medicare, Preferred Health Systems, Tricare, Harrington Health, Coventry, Health Partners of KS and Century insurances. **Contracting** means we have an agreement with the specific insurance company to accept an allowed amount for services rendered. ALL OTHER INSURANCES are submitted as a courtesy to you for your insurance to process. **K+STAT accepting your insurance/insurance card does not mean we have a contract with that insurance company.** Payment of services is TOTALLY based on your policy. If visits are not covered, balances due are your responsibility and payable upon receipt.

**Medicaid:** We are not a Medicaid provider. If you are a Medicaid recipient, you are financially responsible for your services today.

**Finance Charge:** A finance charge will be imposed on each item of your account, which has not been paid in full within thirty- (30) days. 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 referral of your account to a collection agency and credit bureau. A service charge will be assessed to your account for this process.

**Returned checks:** K-STAT 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 re-deposited 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 this 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 K-STAT will become a matter of record.

**Children of Divorced Parents:** The parent, or responsible party, accompanying a child/children for care is responsible for payment at the time of service.

In cases of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible. After a divorce or separation, the parent authorizing treatment for a child will be responsible for charges. 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.

**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.

**Effective date:** You agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Patient's name: \_\_\_\_\_

Responsible party  
(If not parent): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_