

PIONEERS MEDICAL CENTER/MEEKER FAMILY HEALTH CENTER FINANCIAL POLICY AGREEMENT

Thank you for choosing Pioneers Medical Center/Meeker Family Health Center for your healthcare needs. It is our commitment to provide quality medical care to our patients. This financial policy is a general outline of your financial responsibilities to Pioneers Medical Center/Meeker Family Health Center.

Self pay patients. If you have no insurance, payment is due at the time of service. A 20% discount will be applied to charges paid in full at the time of service or if paid within 30 days of the date of the first statement. If you believe you may qualify for financial assistance, please see our financial counselor. If you do qualify for our Financial Assistance Program, copays are due at the time service is rendered.

Patient with Health Insurance. Payment for copays, deductibles, and co-insurance amounts is expected at the time of service if you have health insurance coverage. As a courtesy insurance will be billed based on the information you have provided. You will be responsible for all non-covered services. If you have insurance, but are unable to produce an insurance ID card, payment will be due when services are rendered. It is your responsibility to notify us of any changes to your insurance or demographic information.

Workers Compensation, Auto, and Personal Injury claims. If your visit is related to a workmen's compensation injury, auto accident or other liability injury, you must obtain the claim number, phone number, contact person, and name and address of the insurance carrier as soon as possible. If this information is not provided, payment will be expected at the time of service. Payment of the bill ultimately remains your responsibility. If claims are denied or a protracted lawsuit is involved, you are responsible to pay the account balance in full.

Collection Status/Delinquent Accounts. Patients whose accounts are at bad debt or have previously declared bankruptcy will be required to pay all self-pay balances or establish a payment plan prior to being seen for services. Additionally, payment will be required at the time of service for all future services.

Payment Responsibility. The patient, legal guardian, or guarantor is ultimately responsible for all charges or services rendered. We accept cash, checks, Visa, Mastercard, Discover, and American Express. Payments can be made at PMC or online on our website: www.pioneershospital.org. If a balance cannot be paid in full, please call 878-5047 to make payment arrangements. We offer a 4, 6, and 12-month in-house payment program. Payment plans may be established for a minimum of \$50 payment per month up to 12 months maximum. Extended payment plans beyond 12 months and up to 60 months may be established with the MyLoans program for a minimum of \$20 per month. Minimum account balance of \$250 is eligible for financing. Please see one of the PFS staff for more information.

After insurance has paid your claims, all outstanding balances are payable in full upon receipt of the statement from Pioneers Medical Center. Balances not paid within 120 days of discharge will be transferred to A-1 Collection Agency if no payment has been made or a payment plan has not been established.

Out-of-Network or Non-Contracted Services: You may be responsible for all charges incurred if the services you receive from Pioneers Medical Center or Meeker Family Health Center are considered non-emergent by your insurance plan and your plan is out of network or if there is no contract in place.

Minors. Both parents are responsible for the services of a minor child; the parent signing for the minor to receive treatment will be considered the guarantor of that child. It is not the responsibility of PMC to determine which parent is responsible for payment of the bill.

Failure to pay at the time of service may result in your appointment or service being rescheduled until such time payment can be made. Continued failure of Meeker Family Health Center and Pioneers Medical Center patients to pay copays, co-insurance, deductibles, and self-pay balances may result in the patient relationship being terminated. When emergency conditions exist a medical screening will be performed before policy takes effect in order to meet EMTALA compliance.

If, at any time, I provide a wireless telephone number at which I may be contacted, I consent to receive such calls (including autodialed calls and prerecorded messages) at that wireless number from the hospital, its successors and assigns, and the affiliates, agents, and independent contractors, including servicers and collection agents, of each of them regarding the hospitalization, services rendered, or any related financial obligations.

I have read and understand the terms of this Financial Policy Agreement. I am responsible for the payment of my account(s) within the limits of this Policy regardless of insurance coverage. By my signature on the Admission Agreement and Privacy Consent, I agree to its terms and understand this policy may be amended at any time without prior notification.

Pioneers Medical Center and Meeker Family Health Center comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. PMC/MFHC do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.