

Financial Policy

Thank you for choosing Moore Express Urgent Care for your urgent medical needs. We are dedicated to providing quality, cost effective care. In addition to accepting traditional insurance plans and Medicare, we are contracted with numerous Preferred Provider Organizations (PPO) and several Health Maintenance Organizations (HMO). Because each plan is different and constantly updates the participation status of providers, please check with your particular plan to make sure we are currently participating in your network. We ask that you assist us in maximizing your insurance coverage by cooperating fully in all referral, prior-authorization and pre-certification processes. Please be aware that not all insurance carriers consider every service provided a covered benefit. It is important for you to be aware of your insurance policy's coverage provisions and limitations.

Accurate and up to date information is every patient's responsibility; please notify our office of any changes in your insurance or personal billing information. **Please bring your current insurance card, a photo ID, and any other information required by your insurance carrier, to each visit.** Maintaining up-to-date information ensures that your medical claims are filed correctly and prevents any unnecessary delays in processing your claim.

Payment for all co-pays, co-insurance, deductibles, and non-covered services are due at the time of service unless special payment arrangements have been made. Payments can be made by cash, check, money order, Visa, MasterCard, or Discover. Please contact our billing department at 1-888-463-4831 to make payment arrangements. Also, please be aware that charges for medical equipment, pathology services, laboratory testing, and some radiology services may be billed separately.

We are able to do much of any needed lab testing here at our facility. However your insurance carrier determines which labs are covered under your policy, and may require that payment for some lab services be made at the time of service.

There is a **\$35.00** charge for any FMLA or other forms completed. This charge is applicable per form completed and is payable prior to completion. We do not handle disability forms.

My signature below acknowledges Financial Responsibility and receipt of this Financial Policy.

Patient name: _____ Date: _____

Signed: _____
(Signature of person financially responsible for payment)

Name / Relationship if other than patient: _____

Social Security # if other than patient: _____