

**CHARLESTON INTERNAL MEDICINE, INC.**  
**3701 MacCorkle Avenue, SE**  
**Charleston, WV 25304**  
**304-720-2345**

**FINANCIAL POLICY**

Charleston Internal Medicine Group, Inc. (CIM) is committed to providing quality care at a fair monetary rate to its patients. The patient should understand that prompt payment of their bill is considered part of their treatment. By each patient fulfilling their financial obligation for services received and CIM physicians and staff providing good quality care at a fair monetary rate, both parties can benefit from the relationship.

**About our Fees**

We believe our fees are reasonable for our practice area. Our fees are determined by analyzing charge information provided in publications at both the national and regional levels. At CIM, the provider determines the level of service that is billed for each encounter. This determination is made based on a number of factors including the severity of the patients condition, the number of body organs effected by the condition, time spent face to face with the patient discussing their condition as well as time spent analyzing the patient's clinical information. Each of these factors contributes to the level of care and ultimately the charge associated with each patient encounter and/or test.

**Third Party Contracts**

CIM has written/formal participation agreement with a wide range of third party carriers. Appropriate contractual adjustments will be taken by CIM with those carriers. If you are covered by an insurance that CIM does not have written agreement with, or you have no third party coverage, you will be responsible for payment in full regardless of a carrier's arbitrary determination of usual and customary rates (UCR). Your insurance policy is an agreement between you and the insurance carrier. Your bill with CIM is an agreement between you and CIM.

If you have a question regarding CIM's participation with your particular insurance, please speak with any member of the CIM staff.

**Payment for Services**

Each patient is responsible for co-payments, co-insurance and deductibles regardless of insurance coverage. All co-payments are due at the time of service. CIM expects any outstanding patient due balance on an account to be paid at each visit. CIM does offer and extended payment plan with prior written approval from one of our billing staff. Please ask to speak with a billing staff member if you wish to make such an arrangement. CIM accepts check, cash, money order, Visa, MasterCard or a debt card bearing either of these logos.

**Referrals and Prior Authorizations**

CIM will make every reasonable effort to obtain the necessary referral and/or prior authorization for any services or supplies provided or ordered for you by our providers. It is unreasonable for expect CIM to know every requirement of every policy for our entire patient population. For this reason it is necessary that you communicate with CIM any referral/precertification specifics of your plan and keep us informed of any special requirements. Obtaining the necessary referral and/or prior authorization does not guarantee payment. It is the patient's responsibility to pay for all services in full unless a CIM has a written contact with a specific carrier stipulating or prohibiting otherwise.

**Automobile Accidents**

Patients who are involved in automobile accidents will be handled in our office as private pay services. It is the patient's responsibility to provide CIM with the correct billing information if they want their charges submitted to an auto carrier for consideration. All charges will remain the responsibility of the patient and are expected to be paid in full.

**Divorced Parents**

The responsibility for payment for service rendered to any dependent children whose parent is divorced rests with the parent who seeks treatments.

I have been provided a copy of the Financial Policy of CIM and been given the opportunity to ask any questions. Should I have questions in the future regarding the Financial Policy I will contact an appropriate staff member of CIM.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

**Billing Authorization**

I authorize Charleston Internal Medicine Group, Inc to release any medical or other information necessary to process a claim. I also request payment of government benefits either to myself or to the party who accepts assignment. I also authorize payment of medical benefit to Charleston Internal Medicine, Inc services rendered to me

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date