

Michael J. Barnthouse, M.D.
www.drbarnthousegyn.com

St. Joseph's Medical Center
1010 Carondelet Drive, Suite 105
Kansas City, Missouri 64114
Phone (816) 941-0700
Fax (816) 941-4189

Financial Policy

This policy is intended to inform and clarify the responsibilities of the patient regarding payment for services. We hope to better serve our patients, including expedited insurance billing, through clear communication of our financial plan.

Insurance:

Our office participates with a variety of insurance plans. As a courtesy we will bill your insurance plan provided we are a participating provider of your plan. It is the patient's responsibility to:

- Bring your current insurance card and driver's license to every visit. We will verify your insurance plan and personal information at every visit.
- Be prepared to make a payment of your required co-pay, co-insurance or outstanding balances at the time of service. If surgery is to be scheduled, a payment authorization for your share of costs is required prior to your surgery. Copayment is a contractual obligation between you and your insurance company. Failure to pay may result in nonpayment by the insurance company for your entire visit and/or you may be asked to reschedule your appointment. For your convenience, we accept Mastercard, Visa, Bank Debit Cards, and cash or check.
- Make payment at the time of service, if your medical care is not covered by insurance, you have an insurance plan in which this office does not participate, or you do not have medical insurance.
- Know specifics about your insurance plan coverage, including necessary processes and paperwork required for referrals. We are happy to assist with questions. However, specific coverage issues and referral requirements should be directed to your insurance company by calling the number on your insurance card. You are responsible for services not covered by your insurance company.

Fees:

- We understand that sometimes appointments must be changed due to illness or other emergencies. If you are unable to keep your appointment, please call our office as soon as possible. A patient who misses several appointments without cancellation may be charged a \$50.00 No Show Fee. This charge will not be covered by insurance plans.
- If after three billing statements you fail to make payment in full for services rendered, your outstanding balance may be sent to a collection agency. You will be held responsible for any additional fees assessed by the collection agency on your account.

Other:

- If the patient is a minor (under the age of 18), a parent or legal guardian must sign below. The parent, legal guardian or unaccompanied minor is responsible for providing the necessary referral and insurance information as well as for any payment due at the time of service.

Please sign the bottom of the Financial Policy to acknowledge that you have read the policy and agree to its terms. Questions about billing or financial arrangements should be directed to our billing department in the office at 816-941-0700.

Signature of Patient or Responsible Party

Date

Witness

Date