
Canyon Medical Center
5969 East Broad Street, Suite 200
Columbus, Oh 43213

Patient Registration (Please Print)

Doctor Name: _____

Patient's Name: _____
Last First Middle

Home Address: _____
Street City State Zip

Home Phone: (_____) _____
Home e-mail: _____

Work Phone: (_____) _____
Ext. Work e-mail: _____

Date of Birth: _____
Marital Status: M W S D

Social Security #: _____
Drivers Lic: _____

Employer: _____
Occupation: _____

Employer Address: _____
Street City State Zip

Spouse/Responsible Party Information

Name: _____
Last First Middle

Employer: _____
Occupation: _____

Employer Address: _____
Street City State Zip

Work Phone: (_____) _____
Ext. Work e-mail: _____

Date of Birth: _____
Social Security #: _____

Emergency Contact: _____
Phone: (_____) _____

How were you referred to our office? _____

Insurance Information

Primary Insurance: _____
HMO(SCMG) _____ PPO _____ Other _____

Subscriber Name: _____
Last First Middle

Policy #: _____
Group #: _____

Primary Physician: _____
Co-Pay: _____

Secondary Insurance: _____
HMO(SCMG) _____ PPO _____ Other _____

Subscriber Name: _____
Last First Middle

Policy #: _____
Group #: _____

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medical • center

5969 Broad St., Suite 200, Columbus, Ohio 43212

614.864.6010 / 1.866.877.1757

WWW.CANYONMC.COM

Financial Policy

Welcome

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly-asked financial policy questions below.

Check in

Our office participates with a variety of insurance plans. It is your responsibility to

- Verify Personal Contact Information
- Present Current Copy of Insurance Card
- Payment of Any Outstanding Balance
- Payment for Today's Visit

If you have insurance that we do not participate in, payment in full is expected at the time of service.

If the Patient is a minor (18 years and younger), the parent or guardian must sign below. The parent, guardian or unaccompanied minor is responsible for any payment due at the time of service and insurance cards and co-payment. If you have any questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (number is on the insurance card)

Miscellaneous charges

- Your insurance payment of any co-pay at time of service. If payment is not made at the time of service, a processing fee of \$15.00 will be charged and added to your bill.
- Returned check charge - Non Sufficient Funds (NSF) checks are subject to a \$30 fee (in addition to fees from your bank).
- Medical Records Charge - There is a charge if you would like a copy of your medical records sent to yourself or another physician. However, if a specialist requests portions of your chart to assist in your care, there is no charge.
- Form Completion - There is a \$20.00 charge for form completion.
- If you fail to make a payment in full for the services that are rendered to you, your outstanding balance will be sent to a collection agency. You will be responsible for the fees assessed by the collection agency, in the amount of \$25 for any unpaid balance.
- Unless canceled at least 24 hours in advance, we reserve the right to charge \$50.00 for missed appointments. Please help us serve you better by keeping scheduled appointments.
- A \$3.00 administrative fee will apply for each prescription that is filled between your scheduled appointments.
- A charge of \$20.00 will apply for telephone consultations placed to physicians after normal office hours.
- For any unpaid balance due after 30 days from the statement date, a finance charge of 1.5% per month will be assessed.

Self-Pay

Patients without insurance are considered self-pay patients. When possible, a fee range will be given upon check-in (or when you make your appointment), along with any anticipated additional charges. The estimated cost of the visit will be due at the time of the service.

How May I Pay?

We accept payment by cash, check, VISA, and Mastercard.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, as explained on the back of sheet:

Office Visits and Office Services

If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance Also known as indemnity, "regular" insurance, or "80%/20% coverage."	Payment of the patient responsibility for all office visit, x-ray, injection, and other charges at the time of office visit. Call your insurance company ahead of time to determine deductibles and coinsurance.	File an insurance claim as a courtesy to you.
HMO & PPO plans with which we have a contract	If the services you receive are covered by the plan: All applicable copays and deductibles are requested at the time of the office visit. If the services you receive are not covered by the plan: Payment in full is requested at the time of the visit. Call your insurance company ahead of time to determine copays, deductibles, and non-covered services for you.	File an insurance claim on your behalf.
HMO with which we are not contracted.	Payment in full for office visits, x-ray, injections, and other charges at the time of office visit.	Provide the necessary information for you to complete and file your claim directly with the insurance company.
Point of Service Plan or Out Of Network PPO	Payment of the patient responsibility-deductible, copay, non-covered services-at the time of the visit. Call your insurance company ahead of time to determine out of network benefits, copays, deductibles, and non-covered services.	File an insurance claim on your behalf.
Medicare	If you have Regular Medicare, and have not met your deductible, we ask that it be paid at the time of service. Any services not covered by Medicare are requested at the time of the visit. <u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap:</u> No payment is necessary at the time of the visit. <u>If you have Regular Medicare as primary, but no secondary insurance:</u> Payment of your 20% copay is requested at the time of the visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
Medicare HMO	All applicable copays and deductibles at the time of the office visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
Occupational Injury	Payment in full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
No Insurance	Payment in full at the time of the visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.
High Deductible Plans	Payment of Deposit Required	Provide Receipt

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.

I authorize Canyon Medical Center to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

I hereby authorize Canyon Medical Center to apply for benefits on my behalf for covered services rendered by him/her, or his/her order. I request that payment from my insurance company to be made to the billing office at Practice Development Strategies 1-800-869-3700.

Please sign that you have read and agree to this Financial Policy.

I have read and understand the financial policy.

Signed

Date