MAYFIELD Patient Financial Responsibilities

Thank you for choosing the Mayfield Clinic as your healthcare provider. We are committed to your successful treatment, including your pre-treatment planning, clinical services, and the billing/payment process.

It is important that you understand your financial responsibilities for the services you receive. The changing healthcare environment puts more of this responsibility in your hands. As healthcare consumers ourselves, we understand that this may create hardships for some individuals, and Mayfield has developed processes to assist our patients, if necessary.

These responsibilities are outlined in this document. We ask that you read, agree to and sign below prior to any treatment.

Your share of the cost of our services will be discussed with you prior to or at the time of service.

Insurance: Our physicians are providers for most major insurance carriers. HMO payers may require authorization from your primary physician before seeing a specialist. You must obtain the insurance authorization before your appointment to receive maximum coverage for our charges.

Co-payments, Coinsurance, Deductibles: Your co-payment is due at the time of service. Your coinsurance and deductible obligation will be discussed with you prior to or at the time of service. A payment request may be made at that time. For your convenience, we accept cash, personal checks, Visa, MasterCard, American Express and Discover. Financing may be available with no interest or low interest payment plans through GE CareCredit. More information is available at MayfieldClinic.com in the "For Patients" section or by speaking with one of our financial counselors at (513) 569-5300.

Financial Arrangements for Surgery: If your treatment includes surgery, we will pre-certify it with your insurance carrier. We will also verify your insurance benefits and obtain your coinsurance and/or deductible. Using this information, we will estimate your out-of-pocket portion of the charges for our services. The estimated amount will be reviewed with you before surgery is scheduled. A prepayment request will be made at that time. Actual services and your final out-of-pocket cost obligation may vary from the estimates.

Your financial responsibility includes an obligation to understand your healthcare insurance plan and benefits.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I acknowledge my understanding and agree that I am legally responsible for my account and all costs associated with the collection of my account. Account balances after insurance will be due within 30 days of patient billing. If Mayfield Clinic employs a collection agency or attorney following default, then all collection fees, up to an additional 35% of my outstanding balance, and reasonable attorney fees may be added to the outstanding account balance.

I authorize my healthcare provider and/or any entity authorized by my healthcare provider, including those using automated dialing systems, automated messages, email, text messaging or other electronic communication, to contact me about my account by using any telephone number, email address and/or mailing address provided.

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PLEASE PRINT Patient or Responsible Party Date

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PLEASE SIGN Patient or Responsible Party Date