PATIENT FINANCIAL POLICY

John P. Muffoletto, M.D.

2751 DeBarr Rd. Suite 290

Anchorage, AK. 99508

(907) 276-1046

In order to continue to provide the level of medical services, which you, my patient expect from this practice, I have adopted the following financial policy. I hope that this policy will help avoid any misunderstandings between my patients and the practice. If you have any questions about the policy, please discuss them with the Patient Account Manager. I am dedicated to providing the best possible care and services to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

WE ARE NOT A TRICARE, TRIWEST OR VA PROVIDER "NON-AUTHORIZED".

- *Full payment is due at the time of service if insurance does not cover the visit*. If your deductible has not been satisfied, full payment is expected at the time of service. If your deductible has been met, 20% of your visit is due at the time of service. For your convenience I will accept Visa and MasterCard. I will gladly accept your personal check with a valid Alaska driver's license. There will be a $25.00 charge for checks returned for insufficient funds.

- Your insurance policy is a contract between you and your insurance company. The doctor is not involved. As a courtesy to you, I will file your insurance claim if you assign benefits to the doctor. In other words, if you agree to have your insurance company pay the doctor directly for his services. If your insurance company does not pay the practice within 45 days, I will have to look to you for payment.

- Accounts that are past due will be considered for and turned over to an outside collection agency and reported to the Credit Bureau. Accounts that have statements returned with no forwarding address will be turned over to a collection agency.

- Please note that all health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered" you will be responsible for the complete charges. Payment is due in full at the time of service. If the service is a "covered" service, you will be asked to pay any co-pay that is required by your insurance company at the time of service.

- A written estimate for Dr. Muffoletto's fee is available to you at any time upon request.

- For all "covered" services provided in the hospital, I will bill your health plan. Any balance due is your responsibility and is due upon receipt of a statement from our office.

- For all services rendered to minor patients, I will look to the adult accompanying the patient and the parent or guardian with custody for payment.

- All charges incurred are for Dr. Muffoletto's surgical fees only and do not include fees for the facility, anesthesia, pathology, or other required services.

- Patients have two options for payment related to balances from surgery:

1) Patients may choose to pay the surgery balance in full and will receive a 10% discount.

OR

2) Patients may choose a 12-month interest-free payment plan. The balance related to a surgical procedure will be divided into 12 equal monthly payments, and the payment is due no later than the 15th of each month. Patients may choose to make additional payments on the balance, however the minimum monthly payment established at the beginning of the payment plan will remain the same.

Please note that the 10% discount and payment plan options cannot be combined.

*****Credit card payments are accepted over the phone and by mail. Please note that credit card information is NOT retained by the office. The responsible party must contact the office monthly to make a payment.*****

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Signature of patient or responsible party (if patient is a minor) Date

I know that you as a patient have a choice on where to receive your medical care. I appreciate you having selected me for your care. Please do not hesitate to contact any of my professional staff members if we can assist you in any way.

I have read and understand the financial policy of this practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

I understand that Dr. Muffoletto is a contracted or "in-network" provider for Blue Cross, Aetna, United Health Care, Cigna, MODA, Medicare and Medicaid, and I understanding that I will be balance billed for non-covered charges from a non-contracted or "out-of-network" insurance company or indemnity plan.

I hereby authorize my insurance benefits be paid directly to John P. Muffoletto, M.D. and I agree to be financially responsible for “non-covered” services and any co-pays due. I also authorize the physician to release any information required in processing this claim.

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Signature of patient/responsible party (if patient is a minor) Date