

Thank you for choosing Manchester Medical Center (MMC) as your urgent care provider. We are committed to providing you comprehensive, compassionate, and convenient healthcare at a price you can afford. Traditionally urgent care services cost more than those of a primary care clinic, but significantly less than the cost of an emergency room. Therefore, we feel it is important to provide you with this Financial Policy, which outlines patient financial responsibilities related to payment for our services.

As a courtesy, MMC will file all claims to patients' insurance policies regardless of In-Network or Out-of-Networks status.

Patients without Insurance – “Self-Pay”

We accept all patients, including Self-Pay patients. Patients without insurance will be responsible for 100% of the billed service or up to \$395.00, which will be due at time of service. If a service exceeds \$395.00, MMC will adjust off the difference.

Non-Participating Insurances

MMC is an Out-of-Network (OON) provider with most insurance carriers. As a courtesy, MMC will still file claims to insurances (including secondary payers, Worker's Compensation, and Motor Vehicle Accident policies) on behalf of our patients. MMC reserves the right to collect an estimated charge amount from the patient upon discharge, or balance bill patients after insurance has processed the claims for any non-covered services, co-payment, co-insurance, and/or deductible amounts.

If you do not have OON benefits under your plan, you will be subject to our Self-Pay policy as stated above.

Participating Insurances

MMC is only Participating with the following:

Medicare

- Some Medicare Advantage plans may consider MMC as “PAR” due to participating status with Medicare. It is patient responsibility to determine if their plan is “PAR” or “Non-PAR”

Medicaid (Green Mountain Care)

Blue Cross Blue Shield

It is patient's responsibility to:

1. Understand their insurance plan benefits, including co-payment/co-insurance and/or deductibles.
2. Bring their insurance card and picture ID to every visit.
3. Bring an accepted form of payment and be prepared to pay any unmet deductible and your co-payment before each visit.
4. For medical care not covered under insurance, payment may be required at the time of service.
5. Update us of any changes in insurance coverage since last visit.

Out-of-State Medicaid

MMC CANNOT submit claims to Out-of-State Medicaid plans, and thus these patients will fall under our Self-Pay policy as stated above.

Payment Plans

If a payment arrangement is needed, we require a \$100.00 down payment as well as a card to keep on file, which will be charged monthly until balance is paid in full.

Payment Policy & Additional Fees

Patients are balanced billed any remaining patient responsibility after the insurance adjudicates a claim. Patients are billed monthly, every 30 days. If we do not receive payment by the time you receive your second statement, you will be charged a \$50.00 late payment fee. If we do not receive payment by your third statement, you may be charge an additional \$50.00 fee. If we have not received any payments after a patient has received 3 statements, balances will be reviewed and may be turned over to a collection agency due to non-payment.

If there are any issues or concerns with your balance, please contact our billing department at (802) 768-1721 and they will be happy to research and resolve them.

Please always be kind and respectful to our staff. Everyone at MMC is here to help our patients any way we can.

Disclaimer

Manchester Medical Center reserves the right to refuse treatment to anyone who fails to adhere to any of the above stated policies.

These policies are subject to change without notice. Your Signature below indicates that you have read and agree to this Financial and Billing Policy document.

Patient's Printed Name

Date

Patient's Signature

Date