Medical Genetics of Nevada LLC

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Financial Statement

Thank you for choosing Medical Genetics of Nevada for your/your child's medical care. We are committed to providing the best care possible.

This is our financial policy which outlines the agreement between our practice and the patient/the patient's parents/guardians. Please read through this document carefully to obtain a clear understanding of the financial relationship between you and your insurance company as well as the financial relationship and responsibility between you and the practice. If there are any questions, please do not hesitate to ask a member of our team.

You are responsible to provide valid insurance information at the time of the visit. If the information cannot be verified or the services are deemed not covered by your insurance, you will be considered a self-pay patient and full payment will be required at the time of the visit.

Payment is required for services that will be provided to you/your child. In some instances, we will be unable to provide a grand total prior to seeing the physician due to indeterminate treatments that are provided to you or your child.

If you or your child requires any services outside of the practice (for example genetic testing), these services are billed directly by the lab. These services are not considered part of the physician's evaluation and you may receive a bill from the lab for any financial responsibility after your insurance processes the claim. You may request the contact information of the laboratory where the testing is being sent so communication can be facilitated.

Any financial exposure for co-pays/coinsurance and deductibles are contractual obligations between you and the insurance company. You must pay your co-pay at the time of the office visit. The full amount of the visit will be charged on that day if your insurance plan has a coinsurance or deductible. After the explanation of benefits is received from your insurance company, we will reimburse you if need be. . Co-pays, coinsurance and deductibles cannot be waived by the practice as it is a violation of our contract with the insurance companies and will jeopardize our participation with them.

If you are unable to keep an appointment we require notification 24 hours or more before the appointment time. If you do not confirm within 24 hours, your appointment will be canceled. Although no fee will be charged, if there are two or more no shows, cancellations or late arrivals, the physician reserves the right to dismiss the patient from the practice.

Newborns/newly adopted children: your child is covered for the first 30 days by the mother's insurance policy, regardless of which parent will provide ongoing coverage. You should contact your insurance carrier as soon as possible to add the new child to your policy. Permanent coverage must be in place prior

to the termination of the automatic newborn coverage. This must be completed prior to appointment time. If the steps are not completed prior to the appointment time your visit may be rescheduled or delayed and you may be personally responsible for the bill.

We will submit a claim adjudication to the insurance provided. If there is an issue with the insurance company processing your claim you may be contacted to assist with the processing (for example incorrect invalid subscriber ID, coordination of benefits, custodial indication, nonpayment of premium etc.) If your insurance company does not pay within 60 days we reserve the right to begin billing you directly. After 90 days the account will be considered delinquent and may be placed with an outside collection agency.

We reserve the right to place your account with our collection agency after all internal efforts to obtain payment have been exhausted. Any and all accounts placed with the collection agency are subject to our fees and those associated with the referral of your account. In addition, this may cause you/your child to be discharged from the practice, resulting in you/ your child having to seek treatment from another geneticist.

Medical Genetics of Nevada will not participate in disputes between custodial and noncustodial parents. The individual who signed the financial policy will be the individual who is responsible for any payment due to the practice.

The undersigned agrees with the terms and conditions listed above within this financial policy.

Should I refuse to sign this financial policy, I am ultimately agreeing to pay in full at the time of service. I certify that the information provided is accurate.

I hereby authorize Medical Genetics of Nevada to furnish my insurance company with any medical information requested directly associated with the processing of the claim.

I hereby assign to Medical Genetics of Nevada any benefits for services rendered (payments from your insurance company will go directly to the treating physician).

I hereby give consent to Medical Genetics of Nevada to treat the above-named child and agree that I will be directly responsible for all costs and expenses connected with the examination, diagnosis and medical treatment for my child/dependent.

Signature: _____

Printed Name: _____

Date: _____