

Cornerstone Family Practice  
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Thank you for choosing Cornerstone Family Practice to meet all of your primary care needs. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy. Please read it, ask us any questions you may have, sign the attached sheet and return it to the front desk. This copy is yours to keep.

### **PAYMENT POLICY**

- 1. Insurance.** We participate in Medicare and most PPO insurance plans. If you are not insured by a plan we do business with, payment is due in full at each visit. If you are insured by a plan that we do conduct business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. **Knowing your insurance benefits is your responsibility.** Please contact your insurance company with any questions you may have regarding your coverage.
- 2. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement *is part of your contract with your insurance company.* Failure on our part to collect co-payments and deductibles from patients can be considered insurance fraud.
- 3. Non-covered services.** Please be aware that some - and perhaps all - of the services you receive may be considered non-covered benefits by your insurance company, or may not be considered reasonable and customary by Medicare or other insurers. **Ultimately all charges for services rendered are the responsibility of the patient or Guarantor.**
- 4. Proof of insurance.** All patients must submit a completed copy of our patient information form before seeing the provider. We will need a copy of your driver's license and current valid insurance card. If you fail to provide us with the correct insurance information in a timely manner, or if we are unable to verify your insurance coverage, you will be responsible for payment at the time of service and/or any balances due.
- 5. Claims submission.** We will submit your claims to your insurance company **as a courtesy to you.** We will assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information to them directly. It is your responsibility to comply with their request. **Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.**