

# Financial Policy

# RediMed

Thank you for choosing our clinic for your urgent care needs. We hope you find that our services reflect the high level of care we have always been known to provide. In order for us to continue our tradition of quality health care, it is important to obtain payment for services provided. Please take this time to review our Financial Policy:

1. If you have an insurance in which QHG of Fort Wayne, Inc., participates, we will expect your co-payment, and/or deductible today along with any payment for medications dispensed and any previous balance owed on your account.
2. If you will be filing your group insurance, we expect payment in full at the time of service. We will give you a paid receipt in order to file your insurance.
3. AT THE TIME OF SERVICE, we expect payment in full for all dispensed medicines, drug screens and premarital and/or pregnancy tests regardless of insurance coverage. If we do not file your insurance, we will expect payment in full for physicals, allergy injections and immunizations.
4. We expect payment in full from out-of-state residents.
5. If PAYMENT IN FULL cannot be made in 30 days, **payment arrangements must be made with RediMed's Billing Office.** A one-time 10 percent setup fee will be assessed. Failure to make payment arrangements could result in the referral of the account to a collection agency.
6. We accept cash, checks, American Express, MasterCard and Visa. An NSF fee of \$25 will be added for any returned check.
7. All billing disputes will be directed to the RediMed Billing Office at P.O. Box 11909 46861-1909 for consideration.
8. If an account is considered a credit problem, all subsequent visits must be paid for at the time of service.
9. For children of divorced parents, the parent that brings the child in for treatment will be considered the financially responsible party.

Financial assistance is available for services that are medically necessary. Contact the Billing Office for an application. The Billing Office must receive this information within 10 days from the date of service. We are interested in your well-being, please do not hesitate to call if you have any questions about our Financial Policy. Thank you for helping us serve you better.

Patient/Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

## QHG of Fort Wayne, Inc.

DBA RediMed and Business Health Services  
(260) 479-3666 • Toll free (877) 489-2775

Lutheran Health  Network Member

*You're Busy.  
We're Redi.*