

MacGregor Medical Center Financial Statement
For Patients Covered by Private Health Insurance

I, _____, (*Print Responsible Person's Name*), understand the following MacGregor Medical Center financial policies:

- If I or the Patient is covered by more than one health insurance policy at the time of my visit, I will provide that information to MMC at that time.
- I am responsible to ensure that MacGregor Medical Center (MMC or one of its physicians) is my or the Patient's designated Primary Care Provider (PCP) and that designation is effective at the time of service.
- MMC will make every attempt to verify medical insurance coverage. Insurance verification may take up to 48 hours.
- Fees for services NOT covered by my or the Patient's insurance are my responsibility. A charge of \$50 for missing an appointment is my responsibility. I understand that I may be charged a reasonable fee, determined by my physician, to fill out any forms. (FMLA, Short Term Disability, Physician Statements, etc.)
- Co-payments and deductibles required by my or the Patient's insurance are due at the time of service.
- Account balances not paid within 120 days of service may be turned over to a collection agency.

Please note: some of the MacGregor Medical Center physicians have partial ownership in the following medical providers. There are available alternatives for referral, and on-going care is not conditioned on accepting the recommended referral.

Alamo City MRI
Forest Park Medical Centers
Huebner Sleep Center
Medi-Weightloss Clinic of San Antonio

Patient's Name (Print)

Signature of Responsible Person

Date