

PATIENT INITIALS _____

DR. MARK E. RICHEY, PROFESSIONAL CORPORATION
1200 AIRPORT HEIGHTS DRIVE, SUITE 205
ANCHORAGE, ALASKA 99504
(907) 272-4443 OFFICE PHONE
(907) 272-2262 OFFICE FAX

OFFICE HOURS MONDAY THROUGH THURSDAY 7:30am TO 4:00PM
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PATIENT AGREEMENT

Dr. Mark E. Richey, PC offers general medical, gynecological, and obstetrical, services For patients that are seen at our practice. As an obstetrical specialist and surgeon, Dr. Richey may sometimes be called away unexpectedly during a normal day of scheduled office visits to care for a patient with an immediate medical need. Should this happen during your appointment time, we will do our best to notify you in advance.

PAYMENT FOR SERVICES

Each patient is responsible for the payment of their medical services. We are happy to bill your healthcare payer as a courtesy to you. We will need you to provide us with your insurance cards so that we may bill the correct insurance. If your insurance does not cover the medical services provided, you will be responsible for the balance.

ALASKA MEDICAID RECIPIENTS:

New Medicaid patients are not being accepted at this time. Patients seen with Medicaid coverage are required each month to provide a state issued proof of eligibility coupon at the time of service and the \$3.00 co pay is due at the time of service. If a patient later obtains retroactive primary or secondary coverage under the Medicaid program, the patient may be liable to pay for all services provided prior to providing proof of Medicaid coverage.

DISCOUNTS FOR IMMEDIATE PAYMENT

If you would like to pay for your services in full at the time of your visit or prior to services being rendered, we can offer you a 10% discount. The discount does not apply if the claim is to be submitted to your insurance company. This is due to Dr. Richey’s participation in federally funded programs and his contracts with certain insurance companies.

REFERRALS FOR PERINATOLOGY MEDICAL SERVICES

When a patient has an identified need to see a specialist for a service that medically justifies it, Dr. Mark E. Richey will use his best professional opinion and expertise to send you to the most qualified practitioner he is aware of to meet your medical need. Dr. Richey provides specialty care in obstetrics. When appropriate, patients may be referred to Alaska Perinatology Associates or Aurora Maternal Fetal Medicine. All patients have the right to choose their practitioners and patient requests will be observed. Please consult Dr. Richey on your preferences at the time of referral.

PAYMENT & PAYMENT PLANS

All patients are responsible for any and all charges not paid for or discounted under contract by healthcare insurance payers (Medicare, Medicaid, Private Health Insurance Carriers, etc.). By signing this patient agreement, you are acknowledging that you understand this condition of service and commit to reimbursing Dr. Mark E. Richey, PC timely for the services we provide to you, our valued patient.

We accept cash, personal checks, money orders, and credit & debit cards (VISA, Mastercard, American Express, Discover Card). You may set up credit card pre-payment and automatic recurring monthly arrangements for patient balances.

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We offer patients the opportunity to make payments on balances over the period of three (3) months following the issuance of the first patient statement. Exceptions can be made to extend the repayment period upon review and approval. Failure to pay on a patient account as agreed is a basis for an account to be assigned to collections for bad debt recovery.

COLLECTION OF PAST DUE ACCOUNTS

We communicate with our patients to resolve past due accounts in all cases. If we cannot reach a patient by phone following the return of undeliverable mail or if a patient payment agreement cannot be honored and we are not communicated with to resolve account balances, we may find it necessary to use the services of a professional collection agency. Once an account is placed with a collection agency, we will be unable to retrieve it from the collection agency. Please let us know when or if your patient contact information changes so that we can always reach you to discuss any past due accounts.

PATIENT STATEMENT OF AGREEMENT

My signature below signifies that I have read and understand this patient agreement for Dr. Mark E. Richey, PC to provide medical services. I understand and agree to the terms in this patient agreement and intend on complying with them to the best of my ability. I also understand that if I fail to follow the terms of this agreement, I may be denied future services.

Patient Signature: _____

Date: _____

Office Staff: _____