



VALLEY MEDICAL CENTER

2315 8th Street
Lewiston, ID 83501
(208) 746-1383

LEWISTON ORTHOPEDICS

320 Warner Drive
Lewiston, ID 83501
(208) 743-3523

Catalyst Medical Group Payment Agreement, Disclosure Statement and Practice Policies

This agreement and disclosure statement covers your account with us. In this agreement the words “you” and “your” mean the patient, or the patient’s spouse, or the parent or legal guardian of a minor patient or any other person financially responsible by law for the patient’s medical care. The letters “CMG” mean Catalyst Medical Group, PLLC and its providers and staff.

1. **Assignment of insurance benefits:** You hereby assign CMG any medical insurance benefits to which you are entitled by virtue of the expense you will incur for medical and other professional services and supplies provided to you by CMG during the course of treatment, payment, and healthcare operations. Should your insurance company pay you directly, you will be billed for services. As to any such payments received by CMG, we may give receipts and otherwise acknowledge payments on your behalf. **You understand that you are responsible for any charges not covered under this assignment.**

2. **Promise to pay:** You, as the patient or guarantor, are responsible for all charges for services rendered by CMG. If you have Medicare, Medicaid, or Insurance, in most cases, CMG will submit a claim on your behalf. Any charges not covered by your insurance will be billed to you. If your private or commercial insurance carrier does not pay your claim within 90 days after billing, the full amount will become your responsibility at that time. You promise to pay CMG on any and all amounts charged under this agreement.

3. **Date of Service:** Any payment made today is a deposit on services rendered only and may not cover the cost of all the services providers at your visit today. If there is a balance remaining, you will receive a statement from CMG. If you have overpaid for your visit, we will refund you or apply credit to your account following completion of all charges. Due to the complex nature of healthcare, our front desk team members are unable to quote an exact price. You may receive a bill for an additional balance depending on various factors including the level of care needed and provided or other services such as laceration repairs, wart removals, lab tests, immunizations or injections. For services related to your visit today, but not performed by CMG, such as x-rays or outsourced lab tests, you will receive a separate bill from the facility performing the service.

4. **Payment options:** Various options are available for payment on your account(s), which can be discussed with a CMG employee.

5. **Statements:** CMG will send you a statement showing your balance due.
6. **Agreement amount:** For extended payment options, payments will be arranged with a CMG employee. Until such an agreement is made, the statement will show the full balance. The payment agreement amount may be modified by mutual consent of both parties.
7. **Entire balance due:** If you miss a payment, or if you break any other promise you have made under this agreement, CMG may declare your entire balance due and payable at once without notice or demand. CMG may also do this if you have made any misrepresentations to us in applying for credit, or if anything happens that indicates to CMG that you may be unwilling to repay the amounts due under this agreement.
8. **Change of address:** If you move, you must give CMG your new address so CMG can change our records. You agree to call or write your new address on your statement returned with your payment and indicate a change of address by checking the appropriate notification on the envelope.
9. **Attorney's fees and costs:** If CMG is forced to take collection action or any other legal action under this agreement, you agree to pay all court and collection costs, reasonable attorney's fees, and all similar costs of appeal.
10. **Return check service charge:** A return check service fee may be assessed against your account for each check not honored, which you send as a payment for your accounts.
11. **Changes of agreement terms:** By your signature, you consent that CMG may change the terms of this agreement. Notice of these changes will be available to you, as required by law. These changes will apply to your new charges and to any outstanding balances.
12. **Canceling this agreement:** CMG may terminate this agreement if you break any of your promises, or you are in default under this agreement. Upon termination or default, you agree to pay your entire balance due. You may terminate this agreement by paying the outstanding balance of your account in full.
13. **Questions and billing errors:** You agree to let CMG know right away if you have any questions about your statement. If you think CMG has made a mistake in your statement, follow the instructions printed below. This tells you of your rights in disputing billing errors.

The Federal Truth Lending Act requires prompt correction of billing mistakes.

If you want to preserve your rights, under the Act, here's what to do if you think your bill is wrong or if you need more information about an item on your bill:

1. Do not write on the bill. On a separate sheet of paper write (you may telephone your inquiry but doing so will not preserve your rights under this law) the following:
 - a. Your name and account number (if any)
 - b. A description of the error and an explanation (to the extent you can explain) why you believe it is an error. If you only need more information, explain the item you are not sure about and, if you wish, ask for evidence of the charge such as a copy of the charge slip. Do not send in your copy of a sales slip or other document unless you have a duplicate copy for your records.
 - c. The dollar amount of the suspected error.
 - d. Any other information (such as your address) that you think will help the creditor to identify you or the reason for your complaint or inquiry.
2. Send your billing error notice to the address on your bill, which is listed after the words: "Send Inquiries To:" or similar wording. Mail it as soon as you can, but in any case, early enough to reach the creditor within 60 days after the bill was mailed to you. If you have authorized your bank to automatic pay from your checking or savings account any credit card bill from that bank, you can stop or reverse payment on any amount you think is wrong by mailing your notice so the creditor receives it within 16 days after the bill was sent to you. However, you do not have to meet this 16-day deadline to get the creditor to investigate your billing error claim.
3. The creditor must acknowledge all letters appointing out possible errors within 30 days of receipt, unless the creditor is able to correct your bill during that 30 days. Within 90 days after receiving your letter, the creditor must either correct the error or explain why the creditor believes the bill was correct. Once the creditor has explained the bill, the creditor has no further obligation to you even though you still believe that there is an error, except as provided in paragraph 5.
4. After the creditor has been notified, neither the creditor nor an attorney nor a collection agency may send you collection letters or take other collection action with respect to the amount in dispute; but periodic statements may be sent to you and the disputed amount can be applied against your credit limit. You cannot be threatened with damage to your credit rating or sued for the amount in question nor can the disputed amount be reported to a credit bureau or to other creditors as delinquent until the creditor has answered your inquiry. However, you remain obligated to pay the parts of your bill not in dispute.

5. If it is determined that the creditor has made a mistake on your bill, you will not have to pay any finance charges on any disputed amount. If it turns out that the creditor has not made an error, you may have to pay finance charges on the amount in dispute, and you will have to make up any missed minimum or required payments on the disputed amount. Unless you have agreed that your bill was correct, the creditor must send you a written notification of what you owe and if it is determined that the creditor did make a mistake in billing the disputed amount, you must be given the time to pay which you normally are given to pay undisputed amounts before any more finance charges or late payment charges on the disputed amount can be charged to you.
6. If the creditor's explanation does not satisfy you and you notify the creditor in writing within 10 days after you received his explanation that you still refuse to pay the disputed amount, the creditor may report you to credit bureaus and other creditors and may pursue regular collection procedures. But the creditor must also report that you think you do not owe the money, and the creditor must let you know to whom such reports were made. Once the matter has been settled between you and the creditor, the creditor must notify those to whom the credit or reported you as delinquent of the subsequent resolution.
7. If the creditor does not follow these rules, the creditor is not allowed to collect the first \$50 or the disputed amount and finance charges, even if the bill turns out to be correct.
8. If you have a problem with property or services purchased with a credit card, you may have the right not to pay the remaining amount due on them if you first try good faith to return them or give the merchant a chance to correct the problem. There are two limitations on this right:
 - a. You must have bought them in your home state or if not within your home state within 100 miles of your current mailing address; and
 - b. The purchase price must have been more than \$50.
 - i. These limitations do not apply if the merchant is owned or operated by the creditor, or if the creditor mailed you the advertisement for the property or services.

Insurance Acceptance

Catalyst Medical Group, PLLC does not participate or accept assignment on all insurance companies. If you have a question regarding coverage, please inquire with your insurance plan. Our credit policies may require you to pay cash on the date of service if you do not have insurance coverage.

Co-Pay, Co-Insurance & Deductible

Your insurance co-pay, co-insurance and deductible may be due at the time services are rendered.



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Collection Policy

You may also be required to pay for your services at the time of service if your account payment status so requires.

Missed or Canceled Appointments

It is our policy to see patients by appointment only in all departments, with the exception of our Express Care. Catalyst Medical Group, PLLC requests a 24-hour notice of cancellation of your appointment. Multiple cancellations without a 24-hour notice or missed appointments without any notice may lead to a discharge from the provider's practice.

Harassment or Intimidating Acts

It is our policy to provide a work environment for our providers, practitioners and staff that is free from intimidation, threats or any other violent acts. This includes, but is not limited to harassment, physical abuse, use of weapons and/or use of offensive language. Harassment or intimidating acts may result in:

1. Calling law enforcement and issuing a formal complaint.
2. Discharging patient from all Catalyst Medical Group, PLLC providers.

You have the right to receive help and free information in your language. We will arrange for translation or sign-language interpretation services at no cost to you. To access our interpretive services, see any CMG team member.