

Jordan Meadows Medical Center and Hunter Medical Center

Billing Information for Medicaid Patients

Thank you for choosing Jordan Meadows Medical and/or Hunter Medical Center for your health care needs. If you are a Medicaid member, we believe that there are important things you should know about your financial responsibilities when receiving medical care.

As per the health.utah.gov *Medicaid Member Guide*, under the heading of, "What do I do with medical bills (p.7)?"

" You may have to pay your own medical bills for Medicaid covered services... if you receive services without showing your Medicaid card to the provider. "

Please read the following and sign below indicating that you have been made aware of your responsibilities. When you check in for your appointment, you will be asked to:

Present your current eligibility card at the time of service. Without a Medicaid card to show verification of coverage, you will be responsible for your account.

As a courtesy, we will call the state Medicaid eligibility line **once** per patient, but please be aware that this verbal phone call does not guarantee eligibility, a card must be present to do so.

If your card is not present at the time of service, we allow 10 business days for you to present the card in our office, in which case we will try to bill Medicaid on your behalf, but you are ultimately responsible for the payment of services provided.

If you come for an appointment and you do not have your card, please plan on pre-paying the cash patient prices for service at that time. We will refund any monies paid, to eligible patients, after Medicaid has received our claim and verified patient eligibility in writing.

Financial Arrangements

The Billing Office at either clinic has trained financial advisors available to discuss your individual needs. If you will have difficulty in paying your portion of the bill, they can assist you in making payment arrangements.

By signing below, you are agreeing that you have been made aware of and will adhere to our office policies regarding Medicaid Patient Responsibility.

Signature of Patient or Responsible Party

Name of Patient

Date