

Financial Responsibility Guidelines

Thank you for choosing to receive care at MIT Health. Please review the following guidelines to understand your financial responsibility for services received at MIT Health.

Health insurance, including Medicare or Medicaid

As a patient of MIT Health, it is important that you understand your health plan benefits and coverage rules, including referral and prior authorization requirements. It is also important that you understand what you are financially responsible for under your health plan prior to any visit, including applicable deductibles, coinsurance, co-payments and/or out-of-network charges. If you have questions about any of this information, you should contact your health insurance company or the Centers for Medicare and Medicaid Services (CMS) directly.

It is your responsibility to ensure that your (and/or your dependents') coverage is active prior to any visit.

MIT Health will work with you to confirm and validate your demographic and health insurance information at the time of your visit, but **it is your responsibility to inform MIT Health of any changes to this information prior to receiving services.**

At MIT Health, we recommend that all of our patients obtain a Primary Care Provider (PCP). Your health plan might require you to have a PCP in order for certain services to be covered. MIT Health is available to help you select a PCP if you would like our assistance. But **it is your responsibility to obtain a PCP when one is required, and confirm that your health plan has your PCP on file before you receive any services.** MIT Health will make every effort to bill your health insurance company and/or CMS for any services provided, but we cannot guarantee that your insurance company and/or CMS will pay any or all of the charges, and you may be responsible for the charges not paid by your insurance company and/or CMS. **Any unpaid balances are your responsibility.** MIT Health is available to discuss any outstanding balances, as needed, and, if appropriate, work with you on a repayment plan.

By signing this document, you are authorizing MIT Health to release medical or other information necessary to insurance carriers and/or CMS to process any insurance claims. You are also authorizing MIT Health to receive payment for any services for you or your covered dependents related to those claims from your insurance company and/or CMS.

MIT Health will, upon your request, provide an estimate of the cost of anticipated medical services that may be provided at MIT Health, including the CPT codes for all anticipated services and procedures, to help you identify the costs associated with the services before they are rendered.

Copayments

Payment of any co-payments is expected at time of service on each date of service when required by your insurance or CMS. Please note that copayments may be required when problems, including, but not limited to hypertension, diabetes, high cholesterol or depression, are addressed during an annual physical or wellness visit.

Workers' compensation and motor vehicle accident visits

If your visit is the result of a work-related injury or a motor vehicle accident, you must notify MIT Health prior to receiving any services and provide us with the information and/or forms for your auto insurer, workers' compensation carrier or employer so that we can direct the claim for your services to the appropriate party. In the event that the worker's compensation or auto insurance carrier does not pay for any services provided, MIT Health will submit these claims to your health insurance company and/or CMS.

Billing

MIT Health may bill you for any co-payments, coinsurance, deductibles, out-of-network charges or non-covered services, as determined by your insurance coverage or CMS. Please pay the charges indicated on your statement in full by the date indicated.

Please understand we reserve the right to transfer delinquent accounts to a collection agency after all efforts have been exhausted to obtain payment from you. We realize that special circumstances may occur and MIT Health will work to assist you to resolve any outstanding balances, as needed.

Questions

If you have any questions or concerns regarding a bill you have received from MIT Health, please contact Patient Billing Services by email at billing@med.mit.edu or phone at 617-258-5336 (Monday–Friday 8:30 a.m. to 3:00 p.m.).

Patient name _____

Patient or personal representative's signature _____

Patient DOB _____ **Date** _____

Relationship to personal representative of patient _____