



cornerstone

HEALTH

FINANCIAL POLICY

Thank you for choosing Cornerstone Health as your healthcare provider. We are committed to building a successful patient-provider relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is part of that relationship. Please ask if you have any questions regarding our fees, our policies, or your responsibilities. It is your responsibility to notify the office of any information changes, i.e. address, name, phone number, insurance information, etc.

CONCIERGE POLICIES

All concierge members must present updated insurance information at the time services are rendered. Cornerstone Health will bill insurance claims as a courtesy to you. The patient is expected to present their current insurance card at every visit.

DEFINITIONS

Co-payments are a fixed cost paid by patients at the time of service. These payments are determined individually by each patient's insurance provider. In order to remain in network with your insurance provider, these payments must be collected at the time of service. Deductible refers to the amount of care expenses you are responsible for paying before your insurance begins to contribute toward the costs. The amount of a deductible is unique to each patient/family as established in the insurance policy. Coinsurance refers to the percentage of the total cost of medical services that a patient is responsible for according to the terms set by the insurance company. Once the deductible is met, the insurance company covers a percentage of care costs, and the patient covers the rest. Out-of-pocket maximum refers to the maximum amount of money the patient/family pays each year toward covered medical expenses. Once the maximum is reached, the insurance company will cover 100% of additional costs.

MEMBERSHIP FEE

In addition to the one-time registration fee in the amount of Sixty Dollars (\$60.00) per Patient (\$150.00 family maximum), Cornerstone Health will collect Concierge Membership fees on a monthly or annual basis as selected by the patient. This fee covers patient access to the membership benefits outlined on the [Membership Benefits](#) page on the Cornerstone Health website. Some insurance companies allow this fee to be applied to a patient's deductible, but patients are responsible for making this determination. Additionally, some insurance companies allow patients to use FSA/HSA benefits to pay for their membership fees, but patients are responsible for making this determination.

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The one-time registration fee is due at the time of registration. Membership Fees paid monthly shall be due on the same day of each month following the Effective Date (e.g. monthly fees for membership beginning on April 15th will be withdrawn on the 15th of each month), and will cover the patient/family membership for the month immediately following.

CO-PAYMENTS AND ACCOUNT BALANCES

All co-payments and account balances are due at the time of check-in unless previous arrangements have been made with our office. Account balances may be paid with cash, check, or credit/debit card. You may also pay electronically through the patient portal.

DIRECT PRIMARY CARE POLICIES

Members enrolled in the Direct Primary Care membership do not participate in billing of insurance. While we do encourage all patients to maintain at least a catastrophic insurance policy, members enrolled in Direct Primary Care waive all billing of insurance for any services provided. Patients without medical insurance receive full access to services through their DPC membership. DPC patients who have medical insurance may choose to use their insurance for lab fees, imaging fees, or medications. However, many patients find that the self-pay rate for these fees is often less than the amount they are responsible for when insurance is used.

MEMBERSHIP FEE

In addition to the one-time registration fee in the amount of Sixty Dollars (\$60.00) per Patient (\$150.00 family maximum), the patient/family will pay the DPC membership fee on a monthly or annual basis as selected by the patient. The one-time registration fee is due at the time of registration. Membership Fees paid monthly shall be due on the same day of each month following the Effective Date (e.g. monthly fees for membership beginning on April 15th will be withdrawn on the 15th of each month), and will cover the patient/family membership for the month immediately following. Any fees or charges that are not included in the Membership Fee (i.e. fees for non-covered services) shall be due at the time of service.

COVERED SERVICES

The membership fee covers preventive care, chronic disease management, acute illness/injury same-day visits, lab and imaging interpretation, consultative services, and care coordination with subspecialty care. The fee also gives the patient access to my very low negotiated rates for lab services, medications, imaging services, and subspecialty care, which is a fraction of the cost of these services when billed with traditional insurance. Additionally, medical ear piercing, casting/splinting, and orthopedic equipment are not covered under the DPC membership fee and will be paid separately at the time of service.

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GENERAL FINANCIAL POLICIES

PAYMENT METHODS

Cornerstone Health accepts cash, check, and credit/debit card for any fees due at the time of service including co-pays, account balances, and [OnDemand](#) service fees.

For recurring monthly fees, CornerstoneHealth requires an auto-payment agreement with the patient. These fees may be collected via ACH or credit/debit card.

RETURNED CHECKS/REJECTED AUTO-DRAFT

There will be a charge of \$45 for any returned check or rejected ACH payment payable via cash, credit card, or money order. The fee will be applied to your account in addition to the insufficient funds amount. This may result in payment by cash only for any future financial responsibilities.

MINORS

The parent(s) or guardian(s) is responsible for full payment and will receive any billing statements. A signed release to treat is required if the minor is unaccompanied or accompanied by a person other than a legal guardian.

OUTSTANDING BALANCE POLICY

For members with an active account balance, past due accounts will be sent three statements. If payment is not made to the account, a phone call will be made to make payment arrangements. If payment arrangements are not made, further medical care from this office will be jeopardized.

This financial policy helps the office provide quality care to our valued patients. If you have any questions, or need clarification of any of the above statements, please feel free to contact us.