

Self Pay Policy

Fogarty Surgical Services & Family Care Clinic in Rice Lake & Hayward, Wisconsin will offer a discount to persons residing in the service area without discrimination on the basis of race, color, national origin, creed or any other ground unrelated to the individual's need for the service or the availability of the needed service in the facility.

This "Self Pay Policy" is designed to help patients who are unable to pay for health care services and are currently not covered by any insurance or government program. This policy covers inpatient and outpatient services completed by Dr. Fogarty and his staff of providers.

Patient eligibility for "Self Pay Discount" is determined by the patient or guarantor completing and signing an application confirming that they do not have any health coverage. Should the facility determine the patient was eligible for coverage at a later date, the decision to offer a discount will be cancelled.

The business office staff will meet with the guarantor to complete a payment plan for the balance of the bill.

Self Pay Discount Application

Date of Request: _____

Requestor's Name: _____

Patient's Name: _____

Date of Birth: _____ Male Female Single Married

Address: _____

of Person(s) in Family: _____

Employer: _____

Address: _____

Length of Employment: _____ Position: _____

Date(s) of Service Discount is Requested: _____

Name of Health Insurance Company: _____

STATEMENT

I hereby request Fogarty Surgical Services & Family Care Clinic provide a discount to the charges for services to me, or my family member mentioned above, at an amount determined by the office. In requesting these services I represent, under oath, that all information supplied by me is true and correct.

Signature

Date

OFFICE USE ONLY

Total Cost of Procedure(s): _____ Discount %: _____ Discount Amount: _____

Balance Owing: _____ Approved by: _____