

## Payment policy – Direct billing

Thank you for choosing Canadian Medical (CM) as your medical care provider. We are committed to providing high-quality and affordable healthcare. This payment policy has been developed in order to answer questions about insurance, client's and CM's responsibility for services rendered. Please read it through and ask our reception staff if any questions occur. Finally, please sign it in the space provided. A copy will be provided to you upon request.

**1. Direct billing:** As a courtesy to our customers, CM is pleased to offer a direct billing service (DB) = cashless billing option - to clients of contracted foreign insurance companies and emergency medical assistance companies (for details about our latest DB arrangements, please visit <http://www.canadian.cz/en/client-service/for-the-clients-of-foreign-insurance-companies>). If you wish to be considered eligible for our DB benefit (subject to CM's approval), we require a copy of your valid insurance ID card and payment card details. CM accepts all major credit or debit cards. Please note that if we do not receive payment from your insurance company within 60 days of the date of service, you will be expected to resolve the balance. You are responsible for all charges. If you are not insured by a plan which we do business with, payment in full is expected at each visit. If you are insured by a plan which we do business with, but do not have a valid insurance card, payment in full for each visit is required until we can verify your coverage. Knowledge of your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

**Protection of personal data:** If you are insured or you have contractual cooperation with emergency medical assistance, please note that you thereby give CM the right to provide your relevant personal data (including health data) and copies of medical reports to your insurance company or emergency medical assistance for the purpose of considering the eligible costs that CM will charge for your personal health care provision. Please also note that if you are insured or you have contractual cooperation with emergency medical assistance, you thereby give CM the right to insert your diagnoses code on the invoice, which CM produces for your insurance company or emergency medical assistance for the provision of your personal health care.

**Managed care:** If you wish to use our DB benefit for medical services provided outside CM in hospitals or other specialized medical centers (diagnostic or inpatient services), we will assist you with term organization and guarantee of payment administration. Please note you must receive a referral from our office before seeing a specialist outside CM. Retroactive referrals will likely be denied.

**2. Proof of insurance:** All clients must complete our confidential information form before seeing the doctor. We must obtain your current valid insurance ID card to provide proof of insurance. If you are not able to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of a claim.

**3. Non-covered services:** Please be aware that some of the services you receive may not be covered by your insurance plan. You will be asked for payment of these services in full at the time of visit.

**4. Co-payments and deductibles:** All co-payments and deductibles must be paid at the time of service unless other arrangements have been made. This arrangement is part of your contract with your insurance company and failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. CM accepts all major credit or debit cards and cash.

**5. Claims submission:** We will submit your claims and assist you in any way we reasonably can to help to get your claims paid. Your insurance company may need you to supply certain information directly (completing a claim form) and it is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; CM is not a party to that contract.

**6. Insurance company changeover:** Please notify us about your new insurance company at the earliest convenience that we can make the appropriate changes in order to avoid erroneous billing and assure maximum utilization of your insurance benefits.

**7. Non-payment:** Patients with balance outstanding more than 60 days must make arrangements for payment prior to scheduling appointments. We realize that people may have financial difficulty, and CM Direct Billing is available to discuss options which may be suitable to your situation. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency/lawyer and you and your immediate family members may be discharged from this practice.

**8. Missed appointments / Late cancellations:** Broken appointments represent a cost to us, to you and to the other patients who could have been seen in the time set aside for you. Cancellations are requested until 24 hours prior to the appointment. We reserve the right to charge a cancellation fee for late-cancelled and missed appointments according to the current pricelist. Excessive abuse of any scheduled appointments may result in discharge from the practice.

Canadian Medical is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines.

(Please print clearly)

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**Surname**

**First name**

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**Day of Birth (DD/MM/YY)**

**Sex**

**Payment Policy**

1. CM requires that payment be made in cash or by credit/debit card on the same day that medical services are provided.
2. If you wish to be considered eligible for our **direct billing benefit+** (subject to CM's approval), we **require a copy of your insurance card and payment card details** (mandatory). CM accepts all major credit/debit cards.
3. CM is not in the possession of an Explanation of Benefits prior to submitting a direct billing request. Once your insurance company informs CM about the Explanation of Benefits, you become legally obligated to pay any outstanding amount for medical services administered to you but not covered by your insurance.
4. In the case of payment for medical services administered to you, you herewith authorize CM to charge to your credit card any outstanding amount, after the Explanation of Benefits has been sent by your insurance company.
5. CM herewith declares that data acquired herein will be treated strictly confidential and kept secure for the sole purpose of covering any outstanding payment for services rendered to you. In addition, none of the information will be passed onto a third party.

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**Credit Card Co\***

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**Card Number**

**Expiry date (MM/RR)**

\* CM accepts all major credit and debit cards.

+Direct billing benefits are only applicable to foreign insurance companies.

**Confirmation**

1. I confirm that I am aware of my right at any time to request information about estimated costs associated with my treatment at CM.
2. I confirm that I am aware of the applicable charges for late-cancelled and missed appointments according to the current pricelist.
3. I confirm that I am aware of the applicable surcharge (up to 30 %) for administrative costs related to organization of treatment outside CM and re-invoicing of relevant medical costs.
4. I authorize CM to charge to the above bank card any medical expenses which are not paid by my insurance company as per the Explanation of Benefits; to evidence this fact, I attach my own signature below.
5. I herewith solemnly declare that having given details of my credit card, for the above mentioned reasons, reflects my own free will and that I have not been in any way pressured into making this decision.
6. I confirm that I have given CM the right to provide my relevant personal data (including health data) and copies of medical reports to my insurance company or emergency medical assistance for the purpose of considering my eligible costs, which CM will charge for its provision of my personal health care.
7. I confirm I have given CM the right to insert my diagnoses code on the invoice, which CM will produce for my insurance company or my emergency medical assistance for the provision of my personal health care.

Patient's/Parent's Signature:

Date:

Family Members:

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Kindly provide us with the following information in order to access CM's Direct Billing benefit. We guarantee that your data remains private and confidential at all times. Confidential information is being processed in accordance with Act No. 101/2000 Coll. on the protection of confidential data.



**Barbara Taušová M.D. MBA**

Chief Executive Officer on behalf of Canadian Medical