

Your Healthcare Place is committed to providing you and your family with the highest level of quality medical care and personal service. In our practice, we do everything possible to make our patients our first priority including working to hold down the costs of healthcare. We feel that it is the patient or guardian's responsibility to meet the financial obligations that you have made with both your insurance company and our practice. The following is a summary of our financial policies:

- Each new patient must complete a registration form prior to or at the time of his or her appointment. Registration forms are updated annually.
- Proof of insurance and identity must be provided on the date of service, otherwise the patient will be expected to pay in full for all services when services are rendered. If we are unable to verify insurance benefits, the patient will be expected to pay at the time services are rendered.
- Out of pocket amounts are due on the date of service. Patient prescriptions, referrals, or any other services to be rendered by our practice may be held until all outstanding balances are paid in full by the patient or guarantor.
- Payments for services may be made by Cash, Check, Money Order, VISA/MC, American Express, or Discover Card.
- If we are filing a claim for you, your contracted exam co-payments, coinsurance and deductible amounts will be collected at the time of service.
- Patients with outstanding balances must make payment arrangements before their next appointment with the practitioner.
- It is each patient's responsibility to understand his or her insurance coverage. As your healthcare provider, our relationship is with you, not with your insurance company. While filing of insurance is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered.
- Verification of your benefits is not a guarantee of payment. All payments are subject to the terms and allowances of your plan when services are rendered and claims are received and processed by your insurance company.
- If we have not received a payment or a denial from your insurance company within 45-days of submission, we reserve the right to bill you directly for the services.
- Statements will be generated when your claims are internally processed or the balance exceeds the 45-day maximum allowance for outstanding balances. Statement balance amounts will be due within 30-days of statement date. Accounts with balances over ninety(90) days may be turned over to a collection agency unless you are making monthly payments on an approved payment plan. Once an account is referred for collections, the practitioner/patient relationship is considered terminated and your records will be referred to a provider of your choice.

Labs

A limited number of lab services will be billed by our office. All other services will be billed by the contracted lab. You may receive a bill from the lab provider. Please contact their billing department prior to calling our office. Patients are responsible for \$5 lab handling fee when lab draw is the sole reason for visit.

Credits & Overpayments / Returned Checks

- Credits will remain on your account to be used for future visits unless you request those amounts be refunded to you. Overpayments will be refunded within 30-days upon written request to our practice.
- Returned checks will incur a \$30.00 service charge. Payment for return checks and services are due upon the notice of the returned check and are payable by cash, money order, VISA/MC or Discover ONLY. Your Healthcare Place reserves the right to refuse payment by check if a history of returned checks is established.

Disability, insurance forms, primary care provider letters, FMLA

- There will be a charge of \$25 for the completion of medical forms and you may be required to schedule an appointment. Payment is due at the time forms are picked up or mailed. Please allow 7 business days for the completion of these forms.

Third-party billing

- Auto accident: If your injury is a result of an auto accident, you are required to pay for services and then collect from the auto carrier. We will not file your insurance but will provide you with a receipt to do so.
- Liability injury: If your injury is a result from another party's negligence, you are required to pay for services and then collect from the responsible party. We will not file your insurance but will provide you with a receipt to do so.
- Worker's Compensation: If your injury is due to an accident in your workplace, please inform the receptionist immediately. We are not authorized to treat you for this type of claim. You will need to contact your supervisor for instructions on how to file a Worker's Compensation claim. We regret any inconvenience this may cause.

NOTICE: DO NOT SIGN THIS AGREEMENT BEFORE YOU READ, UNDERSTAND AND AGREE TO THE CONDITIONS AS SET OUT ABOVE.

YOU SHOULD KEEP A COPY OF THIS AGREEMENT IN YOUR RECORDS.

BY SIGNATURE BELOW I ACKNOWLEDGE THAT I HAVE READ, I UNDERSTAND AND I APPROVE ALL OF THE ABOVE.

Patient/ Guarantor's name (Print)

Signature Patient/ Guarantor

Date: _____