



## **FINANCIAL POLICY STATEMENT**

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The policies listed herein have been approved by management with the goal of providing the finest care and services to our patients. Care delivered by this office will be administered regardless of race, color, social status, national origin, handicap or gender.

We are committed to providing you with the best possible care. In order to accomplish this, we need your assistance in reading and understanding financial responsibility and our payment policy.

We value kindness and respect. **PLEASE BE AWARE.** Rude, unkind, or disrespectful behavior towards our amazing staff WILL NOT be tolerated and will result in the IMMEDIATE discharge from the practice. Our team is here to provide the best care possible, and we ask for your cooperation in maintaining a positive environment for everyone.

### RESPONSIBILITY FOR THE BILL

It is the expectation that all patients/guarantors receiving services are financially responsible for the timely payment of the charges incurred. While the office will file, verified insurance claims for payment of the bill(s) as a courtesy to the patient, the patient/guarantor is ultimately responsible for payment and agrees to pay the account(s) in accordance with the regular rates and terms of the practice in effect at the present time

### COLLECTIONS

Payment for service is due at the time the service is rendered and non-emergency services may be declined until the necessary payment arrangements have been accomplished.

Payment will **NOT** be accepted in checks, only all major credit/debit cards or cash. We will be happy to file verified insurance on your behalf except for *United Health Care Insurance*.

Patients paying out of pocket for the services rendered are considered **self-payments**. Payment is due at the time of service, **\$175.00** for Initial Consult and **\$150.00** for follow ups, any additional service payments will be determined at the time of your visit.

### PAYMENT ARRANGEMENTS

The practice will make a reasonable effort to assist patients in meeting their financial obligations. Financial arrangement for payments will be made at the office's discretion, based on the amount of the patient's liability and the patient's ability to pay based on completed credit application.

### ACCEPTANCE OF INSURANCE

The practice will accept "Assignment of Benefits" on verified insurance policies and submit a bill to carrier on the patient's behalf. It is understood that insurance is filed as a courtesy to the patient and does not relieve the patient of financial responsibility. Claims filed will be held 45 days pending payment. The patient/guarantor will be responsible for payment in full on all the claims not paid within the allowed period of time.

### RELEASE OF INFORMATION

By signing our release of information form, you provide us with the authority to release such information as is necessary to collect from insurance companies and other third party payers.

### CREDIT CARD ON FILE

All patients are required to have a valid credit card on file. The card will be securely stored in our system and used only for no-show, late cancellation or late rescheduling fees.

**NO SHOW POLICY. The practice has a very strict No Show policy.** We will charge a **NO SHOW fee of \$50** and will deny any further appointments from the patient that does not show **twice**, to any type of appointment (does not show up without notice). This policy is non-negotiable as we are dedicating precious time to patients in need every day. **LATE CANCELLATION OR LATE RESCHEDULING FEES:** Any cancellation or rescheduling within 48 hours of any appointment will be consider late. In cases of emergencies or unforeseen circumstances, the office may waive fees at the discretion of the management. Patients who reschedule their appointments with **less than 48 hours' notice will incur a fee of \$35**. This policy aims to minimize disruptions and optimize appointment availability.

### **LATE ARRIVAL TO AN APPOINTMENT**

Patients are allowed a **grace period of 15 minutes** for late arrivals. If a patient arrives more than 15 minutes late, they may be required to reschedule their appointment.

### MEDICAL RECORDS FEE

*Florida Statutes 395.3025: Exclusive charge for copies may include sales tax and actual postage. Non-paper records not to exceed \$2.00 per page. Paper records not to exceed \$1.00 per page. A fee of up to \$1.00 may be charged for each year of records requested.*

Our practice will charge **\$1 for every printed page** of any medical record, lab and or diagnostic image that the patient requests and it will available for pick up at the office up to 48 hours after it was requested.

BAD DEBTS/LEGAL ACTIONS

If the account is not paid in full or satisfactory arrangements made within the allowable time frame, the practices reserves the right to refer the account to an attorney and/or a collection agency for collections of the balance.

I agree to assume responsibility for all charges incurred should collections of this balance become necessary including court costs and attorney's fee.

The administration and management welcomes the opportunity to discuss any aspect of the financial policy. We appreciate your confidence and strive to provide quality healthcare.

**I have read the *Financial Policy Statement* and understand regarding above.**

\_\_\_\_\_  
Patient/Guarantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date