



FINANCIAL SERVICES AGREEMENT

The industry of health insurance has incredibly grown more & more complicated. Our financial policy is specially provided to assist you in understanding your particular responsibility regarding charges that are incurred both inside and outside of the office.

(Please note: Remember that it's your responsibility to comprehend your individual and group insurance perks or benefits)

1. Health Insurance Carrier: If you get health insurance from us, we'll bill the company for all charges for the main services rendered in the office. Plus, we will also bill both initial and secondary insurance plans (only if eligible). You will be liable at the time of services, especially for the payment of:

- a. Costs applied to the deductible (annual)
- b. Co-payments. You'll be mostly billed for the specific services rendered in the full amount. Fundamentally, the insurance carrier can deny the coverage because of the lack of referral, lack of individual coverage, lack of reporting of accident/incident properly, or as a result of non-covered services.

2. Medicare: We, being trustworthy Medicare participating providers, bill Medicare for all services' charges directly. At the time of service, you will be mostly responsible for the payment of the following:

- a. Co-payments
- b. Charges applied to the deductible (annual)
- c. Charges for specific non-covered services. Usually, you'll be asked to sign the particular Waiver of Liability Form in case we know that the service provided isn't actually covered by Medicare. If we aren't familiar with the charges (not covered by Medicare), you'll be billed the balance right after we get a denial from Medicare. Furthermore, you'll not be balance billed for charges that were for covered services.

3. No Health Insurance: Complete payment is generally expected at the time of service if you don't have health insurance.

4. Returned Check Fee: In case we receive the returned check because of insufficient or incomplete funds, you will have to pay \$35, and this payment will be due upon the statement receipt.

5. Missed Appointment Fee: It's our request to everyone that you need to provide us a notice within 24 hours if you're not able to keep the appointment. If you do not update us, it may result in a missed fee of appointment, which is around \$50.

6. Collection Fees: If your account is sent to collections, you'll be liable for paying all costs that are associated with that process. If collections become required, a convenience charge will be added to any electronic payments sent to the collection agency. A convenience fee will be implemented as an extra charge on top of your regular payment. The entity at fault pledges to pay all collection expenses, including but not limited to attorney costs, collection fees, court costs, as well as interest at the rate of 18%, should legal action be required to recover any amounts owing.

7. Collection Authorized Communication: It is crucial for you to authorize our agency or office to act on our behalf in order to call your employment, residential, and wireless phone as an important communication method.

8. Charges Incurred Outside of this Office: It's your responsibility to perform or schedule requested laboratory studies, consultations, diagnostic studies, or processes that are mainly performed outside our office. Costs incurred by using these services are not covered by our office. It is your obligation to contact your insurance carrier before and after getting these services if you have any questions or concerns about the required notification processes or payment.

9. For top-notch convenience, we always accept checks, cash, Visa, American Express, Discover, and MasterCard

Signature here if you understood this agreement as well as your responsibility properly.

Signature: _____ **Date:** _____

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Privacy Practices Notification:

I have successfully received the Privacy Practices' Notice & I have been provided a great opportunity to review it.

Patient Name: _____ **Date of Birth:** _____

Signature: _____ **Date:** _____