

FINANCIAL POLICY

Patient Responsibility and Payment Agreement

Patient Name

Date of Birth

Date

1 PAPERWORK / FORMS POLICY

Insurance companies generally do not reimburse us for completing paperwork. We may require an office visit and/or charge for forms and other paperwork, including FMLA, biometric screenings, Florida handicap parking permits and work letters. Processing starts at \$25.00 per page and depends on the work required and provider time. Blank forms are not accepted; all personal information must be completed. Turnaround is approximately 4 business days. Outstanding account balances must be paid before forms are completed. Completed forms are not faxed or mailed until paid in full. Copies of medical records are \$1.00 per page for the first 25 pages and \$0.25 for each additional page.

2 OUTSTANDING BALANCES

Outstanding balances are due at check-in. Patients will be notified before the office visit when a balance is due. Postdated checks are not accepted. Returned checks for non-sufficient funds will be charged \$35.00 in addition to the amount of the check. After a returned check, future checks will not be accepted; payment must be made by cash or credit card.

3 SELF-PAY POLICY

Self-pay patients must pay for all services in full at the time of the visit. A 10% discount will be given for CASH payments only. Services such as tests or procedures are additional charges due at the time of service.

4 PATIENTS WITH COMMERCIAL INSURANCE

As a courtesy, we will bill your insurance directly when we are contracted with your insurance carrier. Copayments and deductibles are due at the time of service and are part of the contract between you and your insurance company; they will not be waived. If insurance identifies patient responsibility after a claim is processed, you will receive a statement for the balance owed. Payment is due upon receipt; delinquent accounts may be subject to collections.

5 AUTO ACCIDENTS

As a courtesy, we may bill your auto insurance. We do not file with third-party auto insurance or an attorney. Our Billing & Insurance Department requires the auto insurance billing address, claim adjuster's name and phone number, and claim number before a patient can be seen. If a claim is denied, you are responsible for payment. Medical issues unrelated to an auto accident require a separate medical office visit.

6 RESCHEDULING WITHIN 24 HOURS

A \$50.00 missed appointment fee may be charged for rescheduling within 24 hours of an appointment.

7 PATIENT NO-SHOW POLICY

At least 24 hours advance notice is expected if you cannot keep an appointment. A \$100.00 fee may be charged for missed appointments. Appointment confirmations are provided as a courtesy; it remains the patient's responsibility to keep scheduled appointments. Emergency situations that prevent 24-hour notice may be reviewed individually by the Insurance & Billing Department.

ACKNOWLEDGMENT

I acknowledge that I have read and understand Clermont Medical Center's Financial Policy and agree to be responsible for charges and payment as described above.

Print Name

Signature

Date