

Please read and accept the following statement of our financial policy prior to treatment:

- I. All patients must complete our information and insurance forms before seeing the doctor. Please give your insurance card(s) to the receptionist for copying.
- II. **Payment in Full is Required at time of service. We accept cash and checks only.**

PRIVATE INSURANCE -

Your insurance policy is a contract between you and your carrier. We are not a party to that contract. Your bill with the physician is your responsibility whether or not your insurance company pays for the services rendered. With prior approval of the office billing manager, we will be happy to file your insurance for extensive diagnostic testing and hospitalizations if you authorize payment directly to the physician. In that case, you will be asked to remit only the co-pay and your unmet deductible at the time of your visit. If your insurance company has not paid your account within ninety (90) days, the balance will automatically become due from you.

Considerable care has been taken in setting our fees. We want to assure you that our charges accurately reflect the complexity of care rendered and the skill and expertise required for your care. We assure you that we charge what is usual and customary for our area. If your insurance company refuses to accept the level of our charges, unfortunately, we must still hold you primarily responsible for payment in full.

MANAGED CARE INSURANCE -

We currently participate in some "managed care" insurance programs. If you are covered by one of these identified programs, you will be required to pay any co-pay, unmet deductible or non-covered service at the time of each visit. Make sure you present your identification card to the receptionist and advise that you are covered under a managed care program. As with any other insurance policy, if your managed care administrator has not paid your account within ninety (90) days, the balance will automatically become due from you.

MEDICARE -

We participate with Medicare. This means that you will only be responsible for 20% of the approved Medicare fee, the \$100 yearly deductible and full payment of any non-covered services. Non-covered services include but are not limited to complete annual physicals, immunizations and diagnostic tests done for screening purposes. Supplemental insurance is available to cover all charges that Medicare does not pay. Medicare submits claims directly to some supplemental insurance carriers including those connected to their Medicare program. We will file claims with other supplemental insurance carriers that pay the physician directly. Otherwise, you will be required to pay the 20% co-payment, unmet deductible or non-covered service at the time of each visit and then file your claim with your supplemental carrier.

If you have any questions about our financial policy, please feel free to discuss it with a member of our office staff.

I have read and understand my financial responsibilities under this policy.

Patient/Responsible Party Signature

Date _____

Based upon the new State of Florida ruling we ask both the patient and spouse to accept joint financial responsibility for medical treatment.

