

Lake City Medical Group

Financial Agreement

We realize the communication with our patients regarding our financial agreement assists us in providing the best service to you. Please take the time to read the following information. Thank you.

Full payment is required at the time of service for all charges not covered by insurance carriers with which the facility is not contracted to accept.

- We accept - Cash, Checks, Debit cards, Master card, Visa and American express. If a check should be returned for any reason the patient / guarantor will be responsible for any and all fees applicable.
- Yearly physicals and tests may be required by your physician however, they may not be covered services by your insurance carrier, so full payment will be your responsibility at the time of service.
- Payment of all **late charges** not covered by other insurances will be expected from the patient. The patient / guarantor will be responsible for all attorney / collection fees for delinquent balances.
- Insurance / HMO / PPO cards must be presented at the time of service or you will be classified as “self-pay”.

Self-Pay ~ Full payment is required from patient / guarantor at the time of service, if classified as “self-pay”.

Private Insurance ~ Full payment is expected when services are rendered. Since you have a private contract with your insurance carrier, it will be your responsibility to follow up with your insurance carrier regarding denials and underpayment. If we should accept assignment of your insurance benefits due to an emergency situation, payment in full is expected within 30 days from date of service.

Medicare ~ This is a Medicare certified facility and we will file a claim to Medicare and your supplemental carrier on your behalf for covered services. You will be expected to sign a waiver of liability form and pay for any services considered non-covered by Medicare at the time of service. Payment will be expected within 30 days following payment from Medicare if your supplemental carrier does not pay for your copays and / or deductible. You are expected to notify this agency if you have any other form of insurance which may be primary to Medicare for the treatment being rendered such as but not limited to auto insurance, workers compensation, black lung, liability etc.

Medicaid ~ This facility does not participate in the Medicaid program.

HMO / PPO / Contracted Insurances ~ We will honor the terms of our contract with your insurance carrier providing one is in effect. You will be expected to pay all copays and non-covered charges at the time of service. We do not have a contract in effect with PPC Care Manager. It is your primary care physician’s responsibility to obtain an authorization number for you prior to the time of service. If you have not received an authorization number from your primary care provider full payment will be required at the time of service.

Cancellation, No show and late policy ~ In order to ensure all patients receive the time and attention they deserve, we have established some guidelines for late arrivals, not showing for appointments and late cancellation of appointments.

- o If you are late 15 minutes or more, the provider reserves the right to reschedule your appointment.
- o If you miss three or more consecutive appointments without notice, we reserve the right to discharge you from the practice.

I agree to the terms of the financial agreement described above and understand that the patient / guarantor are ultimately responsible for payment of all charges.

Patient / Guarantor Signature

Date

of Birth Printed Patient's Name Date

NOTE: Billing information is reviewed for accuracy at the end of the day. This may result in billing adjustments. Such adjustments would be reflected on the insurance DOD and your statement.