

Park Lakes Family Medicine, P.A.

Aesthetics, Wound Care & Hyperbaric Medicine



Patient Financial Responsibility

IF YOU DON'T HAVE HEALTH INSURANCE

For patients who do not carry health insurance and those for whom we do not accept their policy, payment will be expected **in full at the time of the visit**. Anyone who feels it is necessary to extend payments over a period of time is invited to discuss arrangements with us prior to their visit.

PATIENT RESPONSIBILITY

As a patient, it is in your best interest to know and understand your responsibility for any deductibles, co-insurance, or co-payment amounts prior to any visit. Not all services are covered in all insurance contracts. If your insurance plan does not cover a service or procedure, you may be liable for full payment of the bill. If you do not notify our office of a change in coverage at the time of your appointment and your claim is denied as a result, you will be responsible for the charges of the claim in full.

To find out what your insurance plan covers and what your financial obligation may be, call the Customer Service or Member Services Department of your insurance company (the phone numbers are on your insurance card). Your employer's human resources department may also be a source of information and assistance.

Make sure that your insurance company lists your physician as a participating provider. Benefit and coverage rules and policies differ among insurers and even between different plans of the same insurer. If you go to an out-of-network provider, you may have a greater financial responsibility for services provided from a physician that is not under contract with your health care plan. Your insurance company can assist you in finding an in-network provider to limit the amount of money you will have to pay for care. Contact your plan's Customer Service department for further assistance.

TREATMENT OF A MINOR

If the patient is a minor (under 18 years of age), the parent or guardian must sign below. The parent, guardian, or unaccompanied minor is responsible for any payment due at the time of service, and providing required insurance and picture ID cards. We can discuss only billing information (no medical information) on an account for a patient over 18 years of age, regardless if the patient's parent, guardian or the subscriber is financially responsible.

I understand the information provided above

Guarantor/Patient Initial _____

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CHANGES IN INSURANCE COVERAGE

You are responsible to notify us of all changes to your insurance coverage. Please have your current insurance card with you at all times, as well as a photo ID such as a driver's license, military ID or government issued ID.

IF WE ARE NOT NOTIFIED OF APPROPRIATE CHANGES AT THE TIME OF YOUR VISIT, WE CANNOT GUARANTEE INSURANCE PAYMENT. IF YOUR CLAIM IS DENIED BECAUSE WE WERE NOT NOTIFIED AT THE TIME OF YOUR VISIT YOU WILL BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES. INITIAL _____

DEDUCTIBLE, CO-INSURANCE OR CO-PAYMENT MUST BE PAID AT TIME OF VISIT

We ask that payments be made when you are at the physician office so you will not be bothered with an invoice sent to your home after your visit. It also saves you the trouble of mailing a payment back to our office.

WHEN CAN YOU EXPECT A BILL

For patients with health insurance, once your insurance company has responded to our claim we will bill you accordingly. Payment will be due thirty (30) days after a bill is sent to you.

Whether you have insurance coverage or not, you as the patient are ultimately responsible to make sure your bill is paid. If you receive a statement showing that your insurance company has not paid, it may be helpful for you to contact your insurance company to ask why payment has not been made.

PAYMENT ARRANGEMENTS AND PAST DUE ACCOUNTS

We understand that financial difficulty may be a reality. Payment arrangements can be arranged if needed by contacting the Business Office. Any patient with past due account may be denied a future appointment until balance is paid or a payment arrangement is made.

COLLECTION AGENCY AND BAD DEBT

We will not schedule any type of future appointment for you if your account has been turned over to collections nor has a bad debt write off. You may pay any amounts due either with CSCD or our outside collection agency prior to booking a follow up appointment.

I _____ have read and thoroughly understand my financial responsibility for all services rendered. I am aware my insurance contract is between me and my insurance company and I will be billed by my provider for any services rendered not payable.

Patient Signature _____

Date _____

Parent/ Guarantor/Legal Guardian Signature _____