



FINANCIAL POLICY

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As your physician, we are committed to giving you the best possible medical care. To achieve this goal, we need your assistance and understanding of our payment policy.

We ask that all services be paid at time of service. If you have insurance, please present your insurance card for verification. If your insurance changes, please notify us immediately.

BLUE CROSS/BLUE SHIELD PPC (): As providers with PPC or . We ask that the co-pay and deductibles (if applicable) be paid in full at the time of your visit. We accept assignment for services covered and will bill the insurance. Any balance outstanding following payment from the insurance, will be billed to you.

MEDICARE: We are participating Medicare providers, and we will file Medicare for you. Any services routinely not covered by Medicare (i.e. Preventative/Routine Exams) we will request that they services be paid at time of services. We request payment for the 20% of the allowable Medicare charges and any deductible (if applicable) that has not been met at the time of your visit.

PCA MANAGED CARE: We are NOT providers of any Managed Care program except PCA Managed Care. If you are a member of a Managed Care program, and choose to see us as your physician, please be prepared to pay for services at the time of your visit. Or, if your physician has referred you to us, please verify **BEFORE** your appointment that we have received the authorization for payment.

FINANCIAL AGREEMENT: We will be glad to discuss your proposed treatment and the cost of those services. If you have any questions as to whether or not your insurance will cover a medical service, we will be glad to try to find out if the insurance will cover those services. **HOWEVER**, please be aware that your insurance is a contract between you, your employer (if applicable) and the insurance company. We are not a party to your contract. Unfortunately, not all service is a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover (e.g.: yearly physicals.)

We must emphasize that as your physician, our relationship and concern is with you and your health, not with your insurance company. **ALL CHARGES FOR SERVICES ARE YOUR RESPONSIBILITY AT THE TIME OF SERVICE.** For any balance on your account after 90 days, collection actions will be taken. We realize that emergencies do arise and may affect timely payment of your account. If such extreme cases do occur, please contact our insurance office promptly for assistance in the management of your account.

If you have any questions regarding the above, or any uncertainty regarding your insurance coverage or requests for payment please do not hesitate to ask. We are here to help.

I UNDERSTAND AND AGREE TO THE FINANCIAL POLICY FOR ST PETE FAMILY CARE.

Signature

Date

Witness

Date