

SURGICAL ARTS , PC

FINANCIAL STATEMENT

01. **PROOF OF INSURANCE:** Please bring your insurance card(s) with you to every appointment. It is YOUR responsibility to inform the staff of Surgical Arts, PC when the cause for treatment should be billed to another type of insurance, such as, liability insurance company or worker's compensation instead of your regular primary insurance company.
02. **PAYMENT IS DUE AT TIME OF SERVICE:** We accept cash, personal checks, debit and credit cards. All deductibles, co-pays and non-covered services are due at time of services unless payment arrangements have been made in advance. I assign to Surgical Arts, PC all money to which I am entitled to for the services rendered. I understand and agree that I am financially responsible to Surgical Arts, PC for charges not covered by my insurance company.

If you have Medicare but Medicare may deem the treatment as "medically unnecessary" according to HCFA payment guidelines, YOU will be required to sign a waiver (advanced beneficiary notice) prior to treatment and the payment for service are due at the check out counter. All Medicare patients will be required to pay their co-pay unless proof of a secondary policy is evident.

If your co-pay is based on a percent (example 20% is patient responsibility) and you do not have a secondary insurance policy; please be prepared to pay your co-pay amount.

03. **OUR RESPONSIBILITY TO REPORT NON-COMPLIANCE:** It is Surgical Arts, PC obligation under many of the managed care contracts to report patients who repeatedly refuse to pay co-pays and deductibles at the time of services or who repeatedly "no show" for appointments. Please know that if you are reported, you could possibly lose your health care benefits. Contact your employer for further clarification of your benefits and obligations.
04. **FINANCIAL ASSISTANCE:** If you have no insurance, have maximized your benefits, have a high deductible or you are currently medically or financially indigent but not eligible for Public Assistance or Medicaid, please ask to speak with our Financial Advisor.
05. **BILLING, PAYMENTS AND OVER PAYMENTS:** If an overpayment is made by you on the account, a refund will only be issued if there are no other outstanding debts on other accounts containing the same guarantor or financially responsible party. Patient balances unforeseen at time of service will be billed to the address you have provided for billing purposes. It is YOUR responsibility to inform us of any changes in address, phone, or employment. All balances are due in full within 14 days of the billing date. If you cannot pay the balance in full within 14 days, please contact our office to see if you qualify for any special payment arrangement options.
06. **PAST DUE AND DELINQUENT ACCOUNTS:** Failure to meet your financial obligations may result in reporting you to credit bureaus, filing for a judgment in small claims court or other collection action against you and you may be terminated as a patient from this practice. All attorney fees, court costs and other expenses related to collecting your account would be added to your outstanding balance.

Patient or Responsible Party's Signature

Date