



## FINANCIAL POLICY

We are committed to meeting your healthcare needs and keeping your insurance and other financial arrangements as simple as possible. In order to accomplish this in a cost-effective manner for all our patients, we ask that you adhere to our practice's financial policy. By signing below, you are agreeing to its terms:

### Patient Responsibility/what payment is due/etc?

Some immediate payment may be expected at the time of service. Our office requires that a credit card be kept on file for payment of any co-payment, coinsurance, deductible, or charge that may not be covered by your health insurance. In the case of a patient balance that is not satisfied by a charge to my payment method, I understand that I may receive a monthly statement for any outstanding balance. I am responsible for paying this balance by its due date. If the balance is not satisfied by the due date, the balance will be charged to the card on file. I understand services rendered by CLSC are not eligible for a refund. (\_\_\_\_\_) Initial

### Will you bill my insurance?

Insurance is a contract between you and your insurance company. In most cases, we are not a party to this contract. CLSC will bill your primary insurance company on your behalf as a courtesy to you. To properly bill your insurance company, we require that you disclose all insurance information, including **primary and secondary insurance**, as well as any changes in insurance information.

It is your responsibility to notify our office promptly of any patient information changes (i.e., address, name, insurance information) to facilitate appropriate billing for the services rendered to you. Failure to provide complete and accurate insurance information may result in the entire bill being categorized as a patient's responsibility.

Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

Patients must contact our office directly with any billing questions or disputes before initiating a credit card chargeback. If a chargeback is filed and the charge is found valid, the balance will remain the patient's responsibility, and a \$35 processing fee will apply. A \$15 fee will also be charged for any returned checks due to insufficient funds or other bank-related issues. Future payments may be restricted to cash only, and repeated or unjustified chargebacks may result in dismissal from the practice. (\_\_\_\_\_) Initials

### Which plans do you contract with?

CLSC accepts most major insurance plans. However, with the changes that happen in the insurance marketplace, it is a good idea for you to contact your insurance prior to your appointment and verify if we are participating as per your plan.

### What if I have an HMO Plan?

If your insurance carrier is an HMO plan with which we participate, a CLSC provider must be selected as the Primary Care Physician (PCP) before services are rendered. If a CLSC provider is not selected as the PCP, you will be asked to update your PCP prior to your appointment and obtain a confirmation code. If you are unable to change your PCP, your appointment will be rescheduled. If we don't participate with your HMO plan or your plan does not have an out-of-network option, we are unfortunately not able to see you for any services in our office unless you sign the **Election to Self-Pay for Services Agreement.** (\_\_\_\_\_) Initial

### Will you verify my Insurance Coverage?

CLSC will verify your insurance coverage at the time your visit is scheduled. If your insurance coverage changes after you schedule your appointment, please notify us as soon as possible, before your visit. **If we are not able to confirm active coverage, you will be considered "self-pay."** (\_\_\_\_\_) Initial

### What if my plan does not contract with you?

If CLSC is not a provider under your insurance plan, you will be responsible for payment in full at the time of service. As a courtesy, however, we will file your initial insurance claim, and if not paid within 45 days, you will be responsible for the total bill. After your insurance company has processed your claims, any amount remaining as a credit balance will remain on your account unless a refund is requested. Refund requests must be made within 90 days of service. (\_\_\_\_\_) Initial  
For any questions please contact our office at 954-418-1683.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_