

LifeStyle Medical Center: Patient Financial Agreement

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, our financial policy, or your financial responsibility.

FULL PAYMENT OF PATIENT OBLIGATIONS IS DUE AT TIME OF SERVICE.

We accept: Cash and Credit Cards

- ✓ Always bring your current health insurance card to the office.
- ✓ Please notify us at time of check-in of any changes in insurance, address, telephone, or family status.
- ✓ Please pay your co-pay or deductible balance and co-insurance amount at the time of service.
- ✓ You will be expected to pay in full if:
 - You do not have insurance.
 - LifeStyle Medical Center does not participate with your health plan.
 - You are unable to present a valid member identification card from your insurance carrier at your visit, or
 - We are unable to verify your insurance coverage.

You should receive a bill for any other patient responsibility within 30 days; and/or an explanation of benefits (EOB or EOP) from your insurance company. If you fail to receive an EOB or EOP from your plan within 45 days of treatment, we suggest you contact your insurance plan to determine benefits, as they may not have made payment. Payment not received in 60 days may be transitioned to patient responsibility and you may be required to make other payment arrangements.

INSURANCE: Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event that we do accept assignment of benefits please be aware that some, and perhaps all, of the services provided may be non-covered services under your plan and you will be 100% responsible for these charges. It is your responsibility to:

- Ensure our providers actively participate with your insurance carrier.
- Know your benefit coverage, as well as your dependents, prior to receiving services.
- Ensure that all pre-approval requirements are met to avoid denials or out-of-network benefits.

Please remember that we must receive your billing information at the time of each visit in order to meet claims submission guidelines set by your insurance plan. If either the practice or the plan fails to receive accurate information to process your claim, you will be held responsible.

We will not be held liable for ensuring the accuracy of your insurance information, including, but not limited to verifying current coverage and eligibility, obtaining authorizations, or confirming co-pay, coinsurance, and/or deductible information. Regarding insurance plans where we are a participating provider, all co-pays and deductibles are due at time of treatment. In the event that your insurance coverage relates to a plan where we are not a participating provider, you will be 100% responsible for all charges incurred.

To summarize, your financial responsibility retains to:

- Denied and Non-covered services
- Services deemed not medically necessary by your insurance company
- Co-payments, deductibles, co-insurance
- Pended claims due to lack of patient and/or guarantor information
- Non-insurance and/or out-of-network benefits.

CO-PAY, COINSURANCE: We are required by our insurance contracts to collect all co-pays and other patient responsible amounts, at the time of service. We may request a deposit - prior to be seen by a medical provider - of \$25.

DEDUCTIBLES: If you have not met your deductible - we will estimate the expected insurance payment for your visit and request that amount at check-out - this is an estimate only- you may receive a statement with additional balances after your visit. We may also request a deposit - prior to be seen by a medical provider of \$75.

MISSED APPOINTMENTS: Unless canceled at least 24 hours in advance, our policy is to charge \$25 for missed appointments. We will not file, nor will insurance plans pay for this charge, so please help us serve you better by keeping, or cancelling in advance, scheduled appointments.

COLLECTIONS: Failure to pay account balance within 30 days from initial billing may result in interest charges up to maximum legal amount allowed by law and handling fee of \$10. Any past due balance not paid will be turned over to a collection agency after 90 days. Any charges and fees resulting from this action, including collecting agency fees, will be added to your account balances and will be your responsibility. In the event that the bill remains unpaid and litigation ensues for collection of sums due, this office shall be entitled to reasonable attorney fees and court costs.

STATEMENTS: If you have a balance on your account, we will send you a statement. It will show separately the previous balance, any new charges to the account, and any payment or credits applied to your account during the month.

PAYMENTS: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid within 10 days.

PAYMENT OPTIONS IF YOU HAVE NO INSURANCE: Unless arrangements are made in advance, we will collect payment at your visit. Your choice is to pay by cash or credit/debit card on the day that treatment is given.

INSURANCE RELEASE: You understand that your health plan may not be liable for service rendered if any of the following conditions apply.

- You have a pre-existing condition or other diagnosis that may not be covered by your plan;
- LifeStyle Medical Center does not participate in your health plan;
- You have not met the deductible under your health plan contract;
- Well child check-up, immunizations, adult or sports physicals, as well as other routine services, may not be covered by some insurance plans.

COPIES AND TRANSFER OF RECORDS: All past due amounts will be collected before medical records are copied or transferred. A nominal fee is assessed to cover copy costs.

EFFECTIVE DATES: Once you have signed the LifeStyle Medical Center Disclosure & Consent Form that references your review of this Patient Financial Agreement, you agree to all of the terms and conditions contained herein for this and any future visits, and the agreement will be in full force and effect.