

FLORIDA SPORTS MEDICINE INSTITUTE- FINANCIAL POLICY

Our health care team is committed to providing you with the best possible medical care. In order to achieve this goal, we need your assistance, and your understanding of our payment policy. Please be sure to ask any questions you may have regarding this financial agreement, as this will become part of your record.

PAYMENT FOR SERVICE IS DUE AT THE TIME SERVICES ARE RENDERED.

We accept cash, personal checks, MasterCard, Visa, and Discover. Returned checks less than \$50.00 are subject to a service charge (per Florida statute 832.08) of \$25.00. Checks between \$50.00 and \$300.00 have a fee of \$30.00. Checks greater than \$300.00 will be charged accordingly.

CANCELED APPOINTMENTS

Patients who no-show appointments may be discharged from the practice after the third occurrence by Florida Sports Medicine Institute. Please call to cancel appointments 24 hours prior to scheduled time.

MEDICAL RECORDS

There will be a \$5.00 administration fee for each medical records request. Your request will be responded to within 14 business days. Patients may request a rush on their records for an additional \$20.00. The rush request will be available within 3 business days.

INSURANCE

Co-payments, Co-Insurance, and Deductibles must be paid at the time of service. As a courtesy to you we will fill your insurance claim.

MEDICARE

Deductibles and 20% of the allowable charges are due at the time of service. As we are Medicare providers, we will file your insurance claims. If you have a secondary insurance, please check with the front desk to see if we file with that company. Please bring your Medicare Explanation of Benefits (EOB) showing you have met your deductible.

WORKERS' COMPENSATION

We will file your claim with your company's insurance carrier. In the event you fail to prosecute the claim for Workers' Compensation (for this illness or condition) or it is determined by the Workers' Compensation Board that this illness or condition is not a result of a compensable Workers' Compensation case, you agree to pay the usual and customary fees for services rendered to you in this case.

CHILD OF DIVORCED PARENTS

Payment is due at the time of service no matter who is responsible by order of the divorce decree.

FINANCIAL AGREEMENT

We will gladly discuss your proposed treatment and do our best to answer any questions relating to our insurance activity. You must realize, however that:

1. Your insurance is a contract between you, your employer, and the Insurance company. We are not party to that contract.
2. Not all services are a covered benefit n all contracts. Some insurance companies arbitrarily select certain services they will not cover.(example: annual physicals)

We must emphasize that as your medical care providers, our relationship and concern is with you and your health, not your insurance company. **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES ARE RENDERED.** Any balance on your account over 60 days old, including those balance that insurance has not paid, will be due in full. All accounts over 90 days old will be turned over for collections. We realize that emergencies do arise and may affect timely payments of your account. If such extreme cases do occur, please contact us promptly for assistance in the management of your account.

If it becomes necessary for Florida Sports Medicine Institute to collect your balance thru the use of an attorney, then you/ or the guarantor agrees to pay all reasonable costs of collection, including attorney's fees (regardless if suit is filed).

If you have any questions or any uncertainty regarding your insurance coverage, please do not hesitate to ask us. We will assist you accordingly.

I have read and understand the above two page Financial Policy.

Signature

Date

Witness

Date