



SAMUELS CARE CENTER PAYMENT POLICY

Thank you for choosing our practice. This agreement is provided to you to clarify our payment policies. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you, if requested.

INSURANCE. We participate in most plans, including Medicare. If you are insured by an insurance plan that we do not participate with, payment in full is expected at the time of each visit. Knowledge of your insurance benefits is your responsibility. Please contact your insurance company with any questions you have regarding your coverage.

CO-PAYMENT AND DEDUCTIBLES. All co-payments, and/or deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments, co-insurances, and/or deductibles from patients may be considered insurance fraud.

NON-COVERED SERVICES. Please be aware that well-woman examination and preventative laboratory test(s) may not be covered under some PPO, POS, EPO, and 80/20 insurance policies. You must verify with your carrier that your policy covers preventive examinations. If these services are not a covered benefit, full payment will be expected at the time of service.

PROOF OF INSURANCE. All patients must complete a patient information form before seeing the physician. We must obtain a copy of your driver's license or other picture identification and a copy of your valid insurance card which will provide proof of insurance.

CLAIMS SUBMISSION. We will submit your claims for you to your insurance company and we will, within reason, attempt to help you get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.

COVERAGE CHANGES. Insurance companies have very strict requirements with regard to filing deadlines for reimbursement of claims. Please notify us immediately of any insurance changes. If your insurance company does not pay your claim in 45 days, the balance will be automatically billed to you.

LATE PAYMENTS. If your account is 90 days past due, a \$25 late fee will be assessed to your account and your account may be referred to a collection agency for credit bureau reporting. A \$25.00 service will be charged on all returned checks.

MISSED APPOINTMENTS. As a courtesy, we will try to notify you of any upcoming appointments. However, if you miss a scheduled appointment, you will be charged a \$25.00 missed appointment fee.

I have read and understand the payment policy and agree to abide by its guidelines:

PATIENT OR GUARDIAN NAME (PLEASE PRINT)

PATIENT OR GUARDIAN SIGNATURE

DATE