#### FINANCIAL POLICY

Thank you for choosing Dr. Kearney as your Internal Medicine physician. We are committed to providing the best medical care possible. The following statement explains our Financial Policy which we ask you to read, sign and return to us prior to your treatment.

## **Regarding Insurance**

We participate with most major insurance plans. Please contact our office to find out about a specific insurance. We accept assignment benefits, but in all cases we require the guarantor, that is, the person who is financially responsible, is personally liable for all balances not covered by insurance. It is your responsibility to understand and comply with any predetermination of benefits or referral requirements. Please be aware that some, and perhaps all of the services provided may be non-covered services and may not be considered medically necessary under the Medicare Program or by other medical insurance companies.

## **Usual and Customary Rates**

We are committed to providing the best treatment for our patients and we charge what we believe to be reasonable and customary fees for our area and specialty. Unless we have a contractual agreement with your insurer, you will be responsible for any balance remaining after your insurer has paid their portion.

#### **Past Due Accounts**

Overdue accounts will be referred to a collection agency. Legal and collection fees that we pay to secure the past due balances will be added to your account.

# **Co-Pay Balances**

Payments for co-pays are due at the time of service. If you are unable to pay your copay at the time of services you may incure a fee of \$25.00 unless prior arrangements have been made. Your copay is not covered by your insurance and it is your personal responsibility.

<b>Returned Checks</b>		
For any check that is re	eturned to us as unpaid by your	bank, we will charge a \$35.00 fee.
Please contact our billi	ng office at (321) 255-7118 if y	ou have any questions or concerns.
I have read the Financi	al Policy. I understand and agre	ee to the Financial Policy.
Print Name	Signature	/