

FINANCIAL POLICY

Thank you for choosing Pinsky Family and Sports Medicine Center as your health care provider. We are committed to providing the best medical care possible. Please understand that payment of your bill is considered a part of your treatment. The following statement explains our Financial Policy which we ask that you read sign and return to us prior to your treatment.

* All patients should provide accurate and complete personal and insurance information prior to **each** visit to the doctor.

* All Applicable co-pays, personal balances, both current and prior, are due before you see the provider.

* We accept cash, checks, debit cards and VISA or Master Card, and offer financing through CareCredit.

Regarding Insurance

We participate in most major insurances. For some other insurances we accept assignment of benefits but in all cases we require that the guarantor, the person who is financially responsible, is personally liable for all balances not covered by insurance. *It is your responsibility to understand your insurance coverage*, and comply with any predetermination of benefits or referral requirements. Please be aware that some, and perhaps all, of the medical services provided may be a non-covered service or may not be considered medically necessary under the Medicare Program or by other medical insurance companies. We will file to **primary** insurances **only**. You may also be subject to a deductible that would require you to pay for your entire visit. We do offer a cash paying discount for persons who are not covered by insurance, and these cases are decided upon by the physician.

Usual and Customary Rates

We are committed to providing the best treatment for our patients and all of Medical Associates of Brevard's providers charge what we believe to be reasonable and customary fees for our region and specialty. If your insurance company uses a different fee schedule, you will be responsible for any balance remaining.

No Show Fees

Because we want to offer appointments to all of our patients who need them, patients that fail to provide 24 hours notice before canceling their appointment are considered a NO SHOW. These NO SHOW appointments are subject to a \$25 charge.

Past Due Accounts

We will attempt to work out a payment schedule with you, but seriously overdue accounts will be referred to a collection agency. Legal fees that we pay to secure past due balances will be added to your account. You may be asked to participate with CareCredit to finance your large balance.

Returned Checks

For checks returned to us as unpaid by your bank, we will charge a \$20 fee. This fee plus the amount shown on the returned check must be paid by certified check, cash or credit card only. Future payments to our office by patients who have had a check returned will need to be made by cash or credit card only.

I have read the Financial Policy. I understand and agree to the Financial Policy.

Print Name

Signature

Date