

# PATIENT FINANCIAL POLICY AND RESPONSIBILITY

We would like to take a moment to welcome you to our office and assure you that you will be receiving the very best care available. It is the policy of Priority Health Care (PHC) to extend our patients the courtesy of allowing you to assign your insurance benefits directly to us, which will reduce your out-of-pocket expenses. To familiarize you with our financial policies, we would like to explain how your health insurance will be handled.

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| a) Your insurance coverage will be verified, and your co-pay will be determined.  |
| b) All co-pays are expected at the time of service and must be paid before submitting claims to insurance agencies.   |
| c) Because our office handles many different kinds of insurance, we may not have all the details of your insurance benefits. Some of your questions can be best answered by a representative of your insurance company.   |
| d) If you are here for multiple procedures, the physician will determine whether or not to perform all of these procedures during the same office visit or to schedule them at a future date. We cannot guarantee multiple procedures on the same day of service. Your insurance company may have one co-payment for the office visit and a second co-payment for a procedure.  |
| e) Charges include may not be limited to, office visits fees, lab fees and procedures fees which are billed separately.   |
| f) Once your insurance is billed and the insurance payment is received, if there is a balance due, you will be billed for the difference, which is your responsibility.   |
| g) If you receive a payment from your insurance company, it is your responsibility to release the payment to our office for services rendered.  |
| h) Priority Health Care does not promise that an insurance company will pay for services that are usual and customary at this office, nor will this office enter into a dispute with an insurance company over reimbursement. This is the patient's obligation. We cannot alter or guarantee your insurance coverage.   |
| i) Waiting for insurance payment is a courtesy to you, and may be withdrawn at any time.  |
| j) Should your insurance reject, dispute, or not cover the total amount of charges submitted, you the patient, will be responsible for paying any outstanding balance within 30 (thirty) days of verbal or written notification. It will be your responsibility to pursue reimbursement from the insurance company. If you are unable to make the payment in full, you can contact our office to make payment arrangements. |
| k) If you need to cancel an office visit, please notify us so we can reschedule your appointment and free this spot for another patient.  |
| l) When making a health care decision, it is important to remember that you the patient are ultimately responsible for any services rendered.   |

## Patient Acknowledgements

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**Patient, Parent or Guardian Signature**

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**Date**

\_\_\_\_\_  
**Patient Name (Please Print)**