



Patient Financial Responsibility

LifeSprings believes that open communication and understanding facilitates a great doctor/patient relationship. Our staff has been instructed to make every effort to assist you in managing your account. We hope that by clearly defining our policies at the onset, that we can avoid any misunderstanding regarding payment for professional services. If you have any questions concerning this policy or need any assistance with your account in the future, please contact us.

- Prompt payment allows us to control costs. Outstanding accounts cost both the patient and the practice time and money. Therefore, all patients will be required to establish financial arrangements for payments of their account.
- It should be noted that your insurance coverage is an agreement between you and your Insurer. It is your responsibility to remit payment for charges not covered by your carrier, and to ensure your carrier remits payment for your account.
- All insurance co-payments are due and payable at the time of service prior to being seen. There are no exceptions. This is in accordance with federal regulations.
- As a courtesy to you, if we are contracted with your insurance company, we will file claims with them. Once your insurance company has processed your claim you are responsible for any balance due. If the insurance company later provides additional payments on your claim, you will receive the appropriate refund promptly.
- If we do not have a contract with your insurance company, payment is due in full when the services are rendered.
- Once your insurance company has processed your claim, you will receive a statement for services which is due and payable within thirty days of the statement date. If your payment is late, or if you have not made financial arrangement, we will mail you a reminder notice indicating a problem with your account. It is imperative that you contact us immediately upon receipt of this notice.
- It is your responsibility to understand your plan guidelines regarding providers and hospitals that your plan has contracted with because employers do occasionally change their insurance plans, even if they do not change insurance companies. It is a good idea to contact your plan prior to scheduling an appointment to make sure that your plan has not changed since your last visit.
- For your convenience, we accept Visa, MasterCard, Discover, check or cash payment for services. Please do not send cash in the mail. There will be a \$25 service charge for checks that are returned.
- If you are experiencing financial circumstances beyond your control, please call our practice and we will be happy to make special payment arrangements.
- If it is necessary for you to undergo surgery, we will help you determine which services your insurance company will cover and which fees will be your responsibility. Payment options will be discussed with you prior to scheduling you surgery to alleviate any unnecessary concern.
- Failure to adhere to the above policies could result in your account being turned over to an outside collection agency. Any fees associated with this will be your responsibility.
- There will be an administrative fee of \$10 payable in advance for you to receive a copy of your medical records. This fee is waived if your records are sent directly to another physician.
- Failure to show for an appointment or failure to give at least 24 hour notice of a cancellation may result in a \$25 'no show' fee.
- It is important that we have accurate insurance information for all our patients, It is likely that you will be asked to show your current card on each visit. If you fail to provide your card, you will be required to pay that day any anticipated charges for the visit, If you are able to provide the card at a later time we will refund any covered fees and file with your insurance company.
- In order to provide quality care, it is crucial that we have current contact information, including insurance information.
- We do accept patients that have presumptive eligibility with Medicaid.

I have read the above financial agreement and agree to abide by the terms set forth in it.

Patient Signature

Today's Date