

CARE ONE OF FLORIDA FINANCIAL POLICY

Care One of Florida is committed to providing you with the best care possible. This goal is best achieved if everyone is aware of the financial policy, which is an agreement between Care One of Florida and the responsible party. Your clear understanding of the financial policy agreement is important to our professional relationship.

1. It is your responsibility to provide accurate and timely insurance information. Inaccurate or untimely information given to the staff that results in denial or non-coverage by your insurance company results in the guarantor being responsible for payment.
2. It is your responsibility to understand your benefits. It is your responsibility to know if a referral or authorization is required for any services rendered.
3. The payment due at the time of service is based off an estimate of your total responsibility for the services rendered and is not a guarantee. Your exact responsibility will not be known until after the charges have been reviewed and/or the claim has been processed by your insurance.
4. You will be responsible for additional costs after the charges have been reviewed and/or the claim has been processed by your insurance.
5. You are responsible to pay your entire estimated responsibility at the time of service unless other arrangements have been made prior to the services being rendered.
6. The forms of payment Care One of Florida accepts are cash, check, Visa, MasterCard, American Express, Discover, and debit card.
7. All outstanding patient balances are expected to be paid within 30 days unless other arrangements have been made.
8. A \$15 rebilling fee will be added to patient balances outstanding over 55 days unless other arrangements have been made.
9. Any patient balance outstanding over 90 days may be forwarded to a collections agency.
10. If a balance is forwarded to a collections agency you will be responsible for any additional costs from the collections agency.
11. A \$25 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
12. Not all services provided by our office are covered by all insurances. Any services determined to not be covered by your insurance will be your responsibility.
13. Care One of Florida must emphasize that our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that Care One of Florida extends to their patients, all charges are strictly your responsibility from THE DATE SERVICES ARE RENDERED. Therefore, it is necessary for you to know what benefits your insurance plan provides for you.

BY SIGNING BELOW I ACKNOWLEDGE I HAVE READ AND FULLY UNDERSTAND THE PATIENT FINANCIAL POLICY SET FORTH BY CARE ONE OF FLORIDA LLC. I AGREE THAT IF IT BECOMES NECESSARY TO FORWARD MY ACCOUNT TO A COLLECTION AGENCY, I WILL ALSO BE RESPONSIBLE FOR THE FEE CHARGED BY THE AGENCY FOR THE COSTS OF COLLECTION IN ADDITION TO THE ORIGINAL AMOUNT DUE. I UNDERSTAND AND AGREE THAT THE TERMS OF THIS FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE RESPONSIBLE PARTY.

Patient Name: _____

Responsible Party Name: _____

Responsible Party Signature: _____

Date: _____