

Self-Pay 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 Self-Pay Financial Policy is important to our professional relationship.

1. The Care One of Florida Financial Policy also applies to self-pay patients. This policy is in addition to and does not replace the Care One of Florida Financial Policy.
2. Self-Pay patients are eligible for a Self-Pay Discount on services they receive.
3. Self-Pay patients/guarantors must do one of the two following things to receive the discount.
 - a. The first option is to pay the total estimated charges in full at the time of service.
 - b. The second option is to fill out a Monthly Recurring Credit Card Authorization Form, fill out a Payment Plan Request Form that is then reviewed by Care One of Florida LLC and a Payment Plan Agreement is sent to the patient. The patient must then return the completed and signed Payment Plan Agreement to Care One of Florida LLC and follow the terms of the Payment Plan Agreement. If the patient does not complete all the requirements in this option or does not follow the terms of the Payment Plan Agreement the patient will not be eligible for the Self-Pay Discount and will be responsible to pay the standard price.
4. Even if a patient/guarantor fills out a Payment Plan Request Form and returns a completed and signed Payment Plan Agreement the patient/guarantor must also fill out a Monthly Recurring Credit Card Authorization Form to be eligible for the self-pay discount. If a patient/guarantor does not fill out a Monthly Recurring Credit Card Authorization Form or cancels the Monthly Recurring Credit Card Authorization Form before the balance is paid in full the patient/guarantor will not be eligible for the self-pay discount and will be responsible for to pay the standard charge amount.
5. Since the total charges are only an estimate at the time of service and the exact responsibility will not be know until the charges are reviewed by Care One of Florida LLC the patient/guarantor will be eligible for the self-pay discount as long as the entire estimated charges were paid in full at the time of service, even if there are additional charges after being reviewed.
6. The patient will still be responsible for any additional charges, but will also be eligible for the discounted rate on the additional charges, even though they were not paid at the time of service.
7. If the patient does not pay the balance for any additional charges at the discounted rate within 90 days from the date they were billed the patient will no longer be eligible for the self-pay discount on any additional charges and will be responsible for the standard charges unless other arrangements were made prior to 90 days from the date the additional charges were billed.

BY SIGNING BELOW I ACKNOWLEDGE I HAVE READ AND FULLY UNDERSTAND THE SELF-PAY PATIENT FINANCIAL POLICY SET FORTH BY CARE ONE OF FLORIDA LLC. I AGREE TO ALL THE TERMS IN THE ABOVE SELF-PAY PATIENT FINANCIAL POLICY. 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.

Responsible Party Signature

Date

Responsible Party Name (Print)

Patient Name