

# FINANCIAL POLICY

Thank you for choosing Endocrine Consultants as your endocrine provider. We are committed to providing you and your family with the best available medical care. In our ongoing process to make sure that all your medical needs are met, our staff will be available to discuss our fees and this policy with you. The services you have elected to participate in imply a financial responsibility on your part.

We ask that all responsible parties read and sign our financial policy as well as complete the patient information forms prior to see the physician.

Payments for all services will be due at the time the services are rendered. In order to serve you better, we accept cash, check, Visa and Mastercard. As a courtesy to you, we will bill your insurance carrier on your behalf. However, you are ultimately responsible for the entire bill. As the responsible party, please understand:

(PLEASE INITIAL THE FOLLOWING)

\_\_\_\_\_ 1. Your insurance policy is a contract between you, your employer (if applicable) and the insurance company. We are not a third party contract. Our relationship is with you, not your insurance company. We will not become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance and “usual and customary” charges. As your medical provider, we will only supply factual information to facilitate claim processing.

\_\_\_\_\_ 2. It is your responsibility to provide us with the correct and accurate insurance information. If you fail to provide us with this, you are personally responsible for any medical fees not covered by your insurance carrier.

\_\_\_\_\_ 3. Fees for services, which include, unpaid balances, deductibles and co-payments are due at the time of service. Returned checks and unpaid balances may be subject to collection placement and collection fees.

\_\_\_\_\_ 4. All charges are your responsibility whether your insurance company pays or does not pay. If your insurance carrier does not remit payment within 60 days, the balance may be due in full from you. If any payment is made directly to you for the services billed by Endocrine Consultants, you recognize an obligation to promptly remit payment to Endocrine Consultants.

\_\_\_\_\_ 5. I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, after such default and upon referral to a collection agency or attorney by Endocrine Consultants. I will be responsible for all cost of collecting monies owed, including collection agency fees.

\_\_\_\_\_ 6. Our practice utilizes the services of Nurse Practitioners, Physician Assistants, Diabetes Educators and Dieticians for medical services. As with other professional services, we will bill your insurance for these services; however, should your insurance not cover the charges, you may be held ultimately responsible.

\_\_\_\_\_ 7. The completion of disability, FMLA forms or other administrative forms are not part of our medical services to you, and they are not billable reimbursement by insurance carriers, therefore, fees are your responsibility for payment. Endocrine Consultants fees related to the completion of these documents are expected to be paid upon presentation of forms for completion.

We understand that financial problems may affect timely payment, so we encourage you to communicate any such problems to us so that we may assist you in keeping your account in good standing. Our financial counselor is available to assist you or answer any questions that you may have.

## **I UNDERSTAND THE ABOVE INFORMATION AND WILL BE RESPONSIBLE FOR THE PATIENT LISTED BELOW**

Printed Name of Patient \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Patient or Responsible Party

\_\_\_\_\_

Relationship if other than patient