



CareMedica Policies

ARRIVALS

Upon arrival, the following items are required:

- Active insurance card
- Photo ID
- Current medication and/or supplement list
- Payment of co-payment and/or deductible that is set forth by your insurance company

*If insurance eligibility cannot be obtained at the time of your appointment, you will be asked to pay for the visit or to reschedule your appointment.

PER YOUR INSURANCE

Your insurance may require you to pay an additional co-payment and/or deductible for the following:

- Chronic and/or new conditions addressed during a routine physical exam
- EKG, diagnostic tests, and lab work

*Please understand that this is not CareMedica's policy but what is set forth by your insurance company

VALUABLES

Please keep your valuables with you during your appointment. We regret that we cannot be responsible for any lost or stolen items.



Payment/Collection Policy

We will file a claim to your insurance company; however, all the insurance co-payment/co-insurance and/or deductible amounts are due at the time of service. Any outstanding patient balances or uncovered amounts are to be paid prior to being seen. Failure on our part to collect co-payments and deductibles from patients can be considered *fraud*. Please help us in upholding the law by paying your co-payment at each visit.

Please be aware that some, if not all, of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You will be billed for these services. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in **45 days**, the balance will automatically be billed to you.

Your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. We cannot guarantee payment of your claims. Reduction or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred.

The practice will send out a maximum of 3 bills. If an account is not paid in full or payment arrangements have not been made, the account will go to collection. Once an account is in collections, it must be paid in full in order to schedule future appointments. There will be no exceptions made.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date