

FINANCIAL POLICY

Thank you for choosing us as your health care provider. The following is our financial Policy. Our main concern is that you receive the proper and optimal treatment needed to restore your health. IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT OUR PAYMENT POLICIES, PLEASE DO NOT HESITATE TO ASK OUR FINANCIAL COUNSELOR.

We ask that all patients read and sign our Financial Policy prior to receiving services. Payments for non-covered services are due at the time services are rendered. We understand that it is sometimes difficult to meet these financial obligations on the spur of the moment. If no other means of payment are available, Physicians Urgent Care will setup a payment plan for you to pay your account. Most types of insurance, cash, checks, Discover, Visa, Mastercard are accepted.

1. Your insurance policy is a contract between you, your employer, and your insurance company.
2. **All charges are your responsibility whether your insurance company pays or not.** Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
3. Fees for these services or co-payments are due at the time of service.
4. If your insurance company does not pay your balance in full within 45 days, we ask that you contact the carrier to help in processing your payment.
5. If your insurance company does not pay within 60 days, we require you to pay the balance due with cash, check, Visa, MasterCard and Discover.
6. We will refund any credits on your account to you or your insurance company depending on the circumstances. However, if you have another account balance, any credit will be transferred to the account with the balance.
7. Financial Responsibility
I/We the undersigned, jointly and severally, in consideration for the services rendered, accept financial responsibility and agree to pay Physicians Urgent Care for its charges for services rendered to the patient. All copays, coinsurance and Deductibles are due payable at the time of service. Any fees that are not paid at the time of service will require the guarantor to sign a payment agreement. At which time the guarantor fails to abide by the payment agreement the guarantor will be turned over to collections. The undersigned further agrees that if such indebtedness is placed in the hands of a collector or an attorney for collection, the undersigned will pay reasonable collection fees and attorney fees, interest, court cost and other collection costs and expenses. I further authorize any overpayment due me on this account to be applied to any other outstanding balance that I may owe at Physicians Urgent Care.
8. Assignment of Medical Insurance Benefits
I transfer and assign to Physicians Urgent Care, and to any applicable provider all of my rights to benefits payable to me or to a beneficiary. By this assignment, I authorize payment directly to Physicians Urgent Care, and directly to the provider. I understand and agree that if any part of my account is not paid by insurance, for whatever reason, I am still financially responsible for the indebtedness. It is my responsibility to take the action necessary for such benefits to be paid to Physicians Urgent Care or the provider(s).

We appreciate your trust in us and we honor the opportunity to serve you.

PROCEEDING WITH A TELEMEDICINE VISIT IMPLIES ACCEPTANCE OF THIS POLICY