



Premium Care Medical Center, LLC

3570 Holiday Drive, Suites 3-7, New Orleans Louisiana 70114

FINANCIAL POLICY

We appreciate payment at the time of service and will accept personal checks, VISA, MasterCard, American Express and Discover. Prompt payment helps keep both our costs and fees down. Payment will be collected at the time of arrival and you will receive receipt of your payment or insurance co-pay and any insurance forms that you may need.

Our Physicians share your concern about the cost of medical care. We strongly believe that the best medical service is based on a friendly, mutual understanding between doctor and patient. We therefore invite you to discuss frankly with us any questions you may have regarding our services or fees. If you anticipate problems with your insurance coverage or personal payment, you are encouraged to contact our financial counselor. The earlier we know about a possible problem, the better we are able to develop suitable options for you.

AGREEMENT

This is an agreement between Premium Care Medical Center, as provider and creditor, and the Patient named on this form. By executing this agreement, you, Patient, are agreeing to pay for all services that are received.

MONTHLY STATEMENT: If you have a balance on your account, we will send you a monthly statement. All balances should be paid in full upon receipt of this statement. Payments not received within 15 business days of receipt of statement are considered past due and could be subject to late fees or interest penalties.

PAYMENT OPTIONS IF YOU HAVE NO INSURANCE:

- A. An advance deposit of \$100.00 is required prior to your first visit (Note: Annual exams require a larger deposit). You may pay by cash or credit card. Any remaining balance will either be credited towards future services according to your wishes.

PAYMENT OPTIONS IF YOU HAVE INSURANCE:

- A. Our office participates in a variety of insurance plans. It is your responsibility to bring your insurance card to every visit.
- B. You must pay all deductibles, co-pays, and co-insurances in full at time of service. You may choose to pay with cash or credit card.
- C. You may choose to pay for all services in full and file with your insurance company.

D. Patients must pay co-pay, coinsurance or deductibles before elective outpatient surgical procedures are performed and at the time that office services are rendered, if there is no insurance carrier contract provision to the contrary.

INSURANCE: Insurance is a contract between you and your insurance company. We will bill your primary insurance if you have provided correct information. Although we may estimate what your insurance company may pay, the insurance company makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If the insurance does not pay within 60 days from the time services are rendered, the balance may be billed to you.

REQUIRED CO-PAYMENTS: Any **co-payment** required by an insurance company **must** be paid at the time of service by contract. We cannot bill you for these fees.

RETURNED CHECKS: There is a fee of \$25.00 for checks returned by the bank. If a returned check is received on your account you will be required to pay all fees associated with this check. All future visits will need to be paid in cash prior to being seen.

MISSED APPOINTMENTS: When a patient does not show for an appointment (defined as a no show or greater than 20 minutes late from scheduled appointment time) or cancels with less than 24 hours notice, the patient may be subject to a \$20 fee for routine appointments and a \$30 fee for extended appointments (procedure). This fee would be due prior to scheduling a new appointment or being seen. This fee is not covered by your insurance and is therefore your responsibility to pay. You will receive an invoice for the no-show fee.

Good medical care requires a mutual relationship of trust, confidence and respect. Persistent failure to keep scheduled appointments may result in dismissal from the practice.

PAST DUE ACCOUNTS: If your account becomes past due, we will take necessary steps to collect this debt. If we are forced to refer your collection balance to a lawyer, you agree to pay all lawyer fees, which we incur, plus all court costs. In case of suit, you agree the venue shall be in New Orleans, Louisiana.

DIVORCE: Consistent with Louisiana statute, in case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

ACCOUNT SUMMARY FEE: For printed Account Summaries for the most recent calendar year (flex plans, income tax, court purposes, etc.,) there is a \$5.00 fee for each account.

WORKERS COMPENSATION: We do not provide treatment for work-related illness/injury. If you do not disclose your visit is job related, you are financially responsible for all charges incurred for that visit.

PERSONAL INJURY/MVA: We do not bill attorneys for medical services. Any services performed in relation to a personal injury case must be paid in full at time of service.

PHYSICALS: There is a \$25 fee for sports, college or camp physicals. This is not a covered benefit by most medical insurance plans.

DISPUTES: You should notify us of discrepancies in writing immediately. We will investigate and resolve your dispute within 30 days.

ADDITIONAL SERVICES: Please be aware that there are fees for additional services such as prescriptions rewrites, copying medical records, depositions and special forms. Please check with the Financial Department for specific fees for additional services.

Patient Name

Responsible Party (if not patient)

Signature

Date