HEALTHMED URGENT CARE
Healthcare Made Convenient

Billing Policy

The following describes the general billing policy of HEALTHMED URGENT CARE. Please review this information and sign where indicated.

- I understand that it is my responsibility to provide the office of HEALTHMED URGENT CARE, accurate insurance and billing information, and to notify the office of any changes to this information.
- I understand that if I do not have insurance I am responsible for the full bill of today's visit at time of service unless a payment plan was agreed upon between the doctor and I, which in turn will be written up and signed by both myself and the office.
- I understand that if I present a check for payment on with insufficient funds, that I will be charged a NSF fee of $20. I further understand that to rectify my account, I will be required to pay with cash, a money order or cashier's check, or credit card.
- I understand that any co-payments/co insurance and /or deductibles are due and payable at the time of service. HEALTHMED URGENT CARE employs a service which will mail statements for any balance after insurance payments. I further understand that if I have not made payment after the second statement being mailed, that the subsequent statement will be marked as "Final Notice" and will be sent to an outside collection service if I do not fulfill my financial obligations. I also understand that I may be responsible for any collection, interest or other expenses associated with the collection efforts.
- I understand that the clinic will assist in obtaining the necessary prior authorizations prior to rendering treatment, further I understand that prior authorization is not a guarantee of payment, and that I am responsible for any bills not paid by my insurance carrier depending on the requirements of my policy. In the event that the prior authorization process is rendered ineffective by my carrier such as their failure to answer their phones, excessive wait time on their voicemail system, and unreasonable administrative requirements, that I will be responsible to these authorizations directly. Prior authorization determinations from health insurance companies are decisions based on financial concerns and are not intended to represent medical recommendations from the insurance company. The patient retains the responsibility to decide whether to pursue the best treatments options, or not to pursue them and suffer the health consequences, regardless of cost controlling measures and denials generated by their plans.
- I understand that the clinic may also take a verbal request to use my listed credit card for payment on my account.

My Signature below confirms that I have read these billing policies and consent to my financial obligations as outlined therein.

Full Signature _____ Date _____

Print Name _____ Relationship to Patient _____