

BILLING AND COLLECTION POLICIES

Upon scheduling and registration we require you to provide your medical insurance card (if you are utilizing its coverage, it must be brought to every visit), photo ID, your address, date of birth, and phone number. If you receive health benefits through a spouse, partner or parent, we require you to provide that person's full address, date of birth, and phone number as well. For collection purposes, we require social security numbers as well. Intentionally failing to notify us of changes to your insurance coverage may constitute fraud.

Medicare: If you have coverage with Medicare, it is your responsibility to understand the provisions of your health insurance plan and coverage. Each Medicare beneficiary is responsible for an annual deductible and a co-insurance. Any portion of this deductible and co-insurance that is not covered by a supplemental carrier will be your financial responsibility to pay. You are wholly responsible for your coverage limitation, regardless of whether you are aware of the details. If you have both Medicare and another insurance, you are responsible for providing the correct primary insurance at your visit. If you have supplemental insurance that does not cross over automatically, you will be billed for the deductible and coinsurance, and you may be given a receipt to submit yourself. You are responsible for your financial obligations under your Medicare with supplemental insurance plan, and for knowing which coverage you have. By signing below you specifically agree to these terms. Please note that when single dose vials are utilized, there is a charge for both the administered medication as well as any wastage as per standard industry practices.

Participating Medical Insurance: If you have an insurance plan which we participate with, you agree to comply with all the plan's provisions and obligations. You are responsible to pay your co-payment at the time of service, and payment of any other financial obligations for the visit, including co-insurance and/or deductible. If your plan advises us at any time that you do not have coverage for any services rendered, or you are not covered for services rendered for any reason, you will be billed for the entire balance. If your plan makes payment directly to the patient or policy holder for services rendered, you are responsible to turn the entire payment over to us upon receipt, along with a complete copy of the Explanation of Benefits. Should you be issued payment by the insurance carrier and not promptly turn it over to us in whole, legal action will be pursued and you may be discharged as a patient from this practice. Bills for any balance(s) applied to the your financial obligation are due immediately upon receipt. Please note that when single dose vials are utilized, there is a charge for both the administered medication as well as any wastage as per standard industry practices.

Self-Pay: Patients without insurance, or whose insurance does not cover the services for any reason, or who have insurance with which we do not participate, shall self-pay for all services rendered at the time of service. Payment must be made in full prior to rendering services. If additional services are provided beyond what was paid for upon checking in, the balance is due upon checking out. You may request a detailed receipt after services are rendered, and we will issue you one which you can use to file for reimbursement from your insurance carrier. We make no warranties about how much your insurance carrier may reimburse you for our services.

Financial Obligations: It is our right to bill you for any portion of your treatment that your insurance assigns as your responsibility. It is your responsibility, as detailed by the terms of your health insurance policy, to pay any such portion. If you do not remit full payment on any such bills within a reasonable period and with reasonable notice, your account may be sent to collections. Failure to show for an infusion within 24 hours' notice, constitutes a no-show and is subject to a fee.

Health insurance non-payment: Services that have not been paid by your participating health insurance carrier within 60 days of claim submission wholly become your responsibility to pay in full. If your carrier later pays us for those services, you will be reimbursed for the difference.

Financial Security and Collections: It is our policy to request patients to keep a credit card on file as financial security against deductibles, co-insurance and other instances of patient balances due to us as outlined in this document. You shall continue to be sent invoices in the mail. You may be dismissed as a patient by our practice for failure to meet your financial obligations. Please provide your credit card to the receptionist to scan.

Credit Card Charges: If you pay for your charges with a credit card and feel the charges are either unwarranted or otherwise not your responsibility based on the provisions of your health insurance plan, you must first contact our billing department before contacting your credit card vendor. If you contest credit card charges without first contacting us, or you contest credit card charges which your insurance carrier has applied to your financial responsibility, and those charges are reversed by the credit card vendor or merchant bank, your balance due may be immediately treated as overdue debt, a collections fee may be assessed, and the entire account may be sent to our collection agency.

I have read, fully understand, accept and agree to comply with all the above policies. I consent to the assignment of authorized health insurance benefits by my health insurer to FloMed Infusion Services LLC and its affiliates, partners and licensees for any goods and services furnished to me or my dependents.

PATIENT SIGNATURE AND DATE

Patient Signature: _____ Today's Date: _____