

Financial Responsibility Agreement

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1. Insurance cards must be brought to every visit. You will not be seen by the doctor if you do not have your card at the time of the visit. Any co-pay and balances due must be paid at the time of visit; there will be no exceptions. If you do not have valid insurance, payment in full is expected at time of the visit.
2. We will file your claim to your insurance carrier. However, if your insurance company rejects a claim *for any reason*, you will be responsible for payment in full of all charges. If you have any questions regarding your coverage please contact your insurance company directly or contact your benefits manager.
3. If you have an outstanding balance, you will be expected to pay it within 30 days unless prior payment arrangements have been made. If you need help with your financial account, please speak to our billing associate. Otherwise, your account may be turned over to a collections company or agency and you will be responsible for any fees and costs incurred in doing so.
4. The first statement sent out is free of cost. However, due to high costs of billing, patients who do not pay their bills within the first 30 days of their first invoice will be assessed a \$5.00 per statement billing charge. If past dues are not cleared; no appointments will be made, and your account will be turned over to collections. Additional collection fees of 28% - 35% will also be applied after the account is assessed by the collection company.
5. Patients are financially responsible for the medical expenses for any visits with the doctor if your insurance/workers comp/MVA claim eligibility cannot be verified at the time of your visit, and/or if it is determined by the company that the services provided are not a covered benefit.

I hereby understand, agree, and accept the above stated terms and am aware that I am fully responsible for any fees/costs incurred if my account is turned over to a collection's company/agency.

Signature

Date