FAVIA PRIMARY CARE, SC

INSURANCE RELEASE AND FINANCIAL STATEMENT

*IT IS CUSTOMARY TO PAY FOR PROFESSIONAL SERVICES WHEN RENDERED*

**INSURANCE RELEASE:**

I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to FAVIA PRIMARY CARE, SC all insurance benefits, if any, otherwise payable to me for services rendered. I hereby authorize the doctor, physician assistant and medical staff to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

 **YOUR INSURANCE POLICY**:

 Due to the many changes in insurance policies, we are unable to interpret the benefits of each individual policy. It is your responsibility to know your individual coverage and its limitations as well as who is primary for your plan. We urge you to contact your insurance company and verify your benefits because failure to do so could result in you, the patient, being financially responsible for all costs incurred.

 **REFERRALS:**

 We will work with your insurance company to obtain the necessary referrals that you may need for specialist care. We ask for your assistance in making sure that all referrals are obtained prior to going to the specialist’s office. We are unable to obtain a referral “on the spot” so you might be in a situation that you would have to cancel the appointment. That would be an inconvenience both for you and the provider. Therefore, always check with the specialist that they have received your referral prior to the appointment so that if necessary you can contact us.

 **NON-PARTICIPATING PROVIDER POLICY**:

 If we are not an in-network provider with your insurance company, we will collect our fees in full at the time of service.

**FINANCIAL STATEMENT**:

Payment is required for all services at the time they are rendered unless you are covered by an insurance plan in which we participate. For those patients, applicable copayments, coinsurance and deductibles will be collected at the time of service. All lab work conducted through Favia Primary Care, S.C. is processed through ACL. The patient’s insurance will be billed for all lab costs. Labs will be billed as allowed per the terms of the patient’s insurance plan. Patients are responsible for any balance owed per the terms of their insurance contract. We accept payment in the form of cash, check or credit card. There is a No Show / Late Cancellation fee of $25.00 which, if assessed, will not be billed to your insurance company because it is a non covered service. In the event that your account must be turned over to collections, a collection fee up to 35% will be added to the account.

**I agree and acknowledge the above insurance and financial statement.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_