



FINANCIAL ARRANGEMENTS AND INSURANCE CONTRACT

If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment is due in full at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, MasterCard, and Visa credit cards. We will be happy to process your insurance claim. Any such request must be accompanied by a current insurance card and all billing information needed to process your claim. Changes in insurance data or billing information such as changes in address, marital status or place of employment should be directed to our insurance clerks. In some instances, we will accept assignment of insurance benefits. **PLEASE CONTACT YOUR INSURANCE COMPANY TO VERIFY IF WE ARE AN IN-NETWORK PROVIDER (an insurance company that has a contract with Urgent MedCare).** Please note the following:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most insurance companies and therefore are covered to the maximum allowances determined by each carrier.
3. **Patients who are Self-pay and those with insurance should be aware of the fact that we cannot give an exact price for your services prior to you seeing the physician. Charges will depend upon the services rendered for your care. Therefore, only a range of charges may be provided.**

Charges incurred for laboratory tests or other services provided by off-site facilities will be billed to you separately by that facility.

4. **The amount of reimbursement received from your insurance carrier will depend on whether or not we are an in-network provider. All services are not covered by all insurance contracts.**
5. We may need to release medical information concerning you to your insurance carrier as part of the processing of your claim. By signing this form, you consent to the release of such information for the limited purpose.

We must emphasize that as medical care providers, our relationship is with you and not your insurance company. While filing the insurance claims is a courtesy that we extend to our patients, **all charges are your responsibility from the date the services are rendered.** All co-pays are due at the time of service. There is a fee for all returned checks.

Accounts that are 120 days past due will be turned over to an agency for collection unless payment arrangements have been made with this office. Your future status with this office will be considered at such time.

By signing this form you agree that you will be responsible for the reasonable costs, to include attorneys' fees and interest we incur, if your account becomes past due and is turned over for collection. You also agree that to service your account or collect monies that you may owe, we may contact you by telephone at any number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you may provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of automatic dialing devices, as applicable.

If you have any questions about the above information, please do not hesitate to ask one of our insurance clerks. We are here to help you.

Signature: _____

Date: _____