

South Florida Internal Medicine & Primary Care

680 Second Avenue North, Suite 203 Naples FL 34102
(239) 330-1382 305-570-4385 fax

FINANCIAL POLICY

South Florida Internal Medicine & Primary Care is committed to providing you with the best possible medical care. We are sure you understand that payment for this healthcare is your responsibility. The following information outlines your financial responsibilities related to our services.

For Our Patients With Medical Insurance Benefits:

We participate in most major health plans. We have contracts with many insurance companies and government agencies including Medicare. Our business office will submit claims as a courtesy for any services rendered to a patient who is a member of one of these plans and will assist you in any way we reasonably can to help get your claims paid. It is the patient's responsibility to provide all necessary information before leaving the office. If you have a secondary insurance we will automatically file a claim with them as soon as the primary carrier has paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please bring your insurance card with you at the time of your appointment. If you are insured by a plan we do business with but don't have an insurance card with you, payment in full for each visit is required until we can verify your coverage. If a patient is a member of an insurance plan with which we do not participate, payment in full is due at the time of service.

Co-Payments:

Your insurance company may require us to collect co-payments at the time of service. Waiver of co-payments may constitute fraud under state and federal law. Please help us in upholding the law by paying your co-payment at each visit. For your convenience we accept cash, checks or credit card. If you do not have your co-payment your appointment may be rescheduled. Additionally, you may have coinsurance and/or deductible amounts required by your insurance carrier. Any outstanding balance on your account, after adjusting for all of your insurance's responsibilities, will be billed to you and may be collected at time of your visit.

Waiver Of Patient Responsibility:

It is the policy of the practice to treat all patients in an equitable fashion related to account balances. The practice will not waive, fail to collect, or discount co-payments, co-insurance, deductibles, or other patient financial responsibility in accordance with state and federal law, as well as participating agreements with payers. Full or partial financial responsibility may only be waived in accordance with the practice's financial hardship policy.

Non-Covered And Out Of Network Services:

Medical services that are considered by your insurance company to be non-covered, out of network, or not medically necessary will be your responsibility.

Coverage Changes:

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

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For Our Patients With No Medical Insurance:

If you do not have group or individual medical insurance, payment for all professional services is expected at the time of your visit. Please note, we do offer discounted fees for patients without health insurance.

Nonpayment:

All patient responsible balances that remain delinquent after 90 days, with no response to our requests for payment, will be referred to a collection agency. Please be aware that if a balance remains unpaid, you and/or your immediate family members may be discharged from this practice.

Patient Signature

Date