

Patient Financial Responsibility Statement

Thank you for choosing SonoranMD as your healthcare provider. The medical services you seek imply an obligation on your part to ensure payment in full is made for services rendered. This Patient Financial Responsibility Statement will assist you in understanding that financial responsibility. Feel free to ask any questions. If someone else (parent, spouse, domestic partner, etc.) is financially responsible for your expenses, please share this statement with them, as it explains our practices regarding Insurance Billing, Co- Payments, and Patient Billing. By your acknowledgement of this Statement and/or by receipt of medical services from SonoranMD, you agree:

1. You are ultimately responsible for all payment obligations arising out of your treatment or care and guarantee payment for these services. You are responsible for deductibles, co-payments, coinsurance amounts or any other patient responsibility indicated by your insurance carrier or our Financial Policies, which are otherwise covered by supplemental insurance.

2. You are responsible for knowing your insurance policy and coverage.

For Example, you will be responsible for any charges if any of the following apply: A) Your health plan determines that the services you received at SonoranMD are not medically necessary and/or not covered by your insurance plan,

B) Your health plan coverage has lapsed or expired at the time you receive services at SonoranMD,

C) Prior authorization and referrals. If you are familiar with your plan coverage, we recommend you contact your carrier or plan provider directly. With all insurance plans that are out there, the staff cannot know everyone's coverage.

3. Patients are responsible for any copay, coinsurance or deductible for any office visits,, labs,, ultrasounds or other testing in the office. Some insurances may leave you a balance on the tests we do in the office. We will not write off these balance's as it is against our contracts. Please know your coverage.

4. You will be required to follow all registration procedures, which may include updating or verifying personal information, presenting verification of current insurance, and paying any co-payments or patient responsibility amount at each visit. Your card or other insurance verification must be on file for your insurance to be billed.

If we do not have your card on file, or are unable to verify your eligibility for benefits, you will be considered a self-pay patient and payment is due at the time of service.

5. We may verify your insurance benefit or submit your claims to your insurance carrier as a courtesy to you. You agree to facilitate payment of claims by contacting your insurance carrier when necessary.
6. You will be mailed a billing statement that contains the total cost of your service(s) or procedure(s) received during your visit. If there is a problem with your account, it is your responsibility to contact the Patient Account Staff to address the problem or to discuss a workable solution. Returned mail will automatically be sent to collections.

We accept payment by Check, Cash, Money Order, Debit Card or Credit Card

1. Payment by check: If payment is made by check and it is returned or declined for any reason, your account will be charged a surcharge of **\$35.00** or up to the applicable state maximum legal limits, in addition to any costs assessed or charged by any depository institution. No show is **\$25.00** if no call is received to cancel your appointment within 24 hours of the appointment.

Managed Care (HMO, PPO, etc.): All managed care co-payment and/or coinsurance amounts are due at the time of service.

Medicare: We are a participating provider with the Medicare program and accept as payment, the Medicare allowable, patient deductible and/or co-insurance. Medicare or secondary carriers do not cover some procedures and supplies. Please make certain you understand which aspects of your treatment are covered before proceeding. You understand that you will be responsible for your annual deductible, the co-payment, and any non-covered services specified by Medicare. We may submit a claim to any supplemental plan as a courtesy to you, so long as you provide all the necessary policy information. Medicare patients will be required to sign an ABN form for possible non-covered service(s).

Ancillary Services: You may receive ancillary medical services while a patient of By signing, you understand that some physicians may not provide services in your presence, but are actively involved in the course of diagnosis and treatment. You authorize payment directly for these services under the policy/policies or plan(s) issued to you by your insurance carrier. You may incur additional charges as a result of these ancillary services. You agree to pay all charges due with respect

to such services after benefits paid on your behalf by any third-party are credited to your account.

***Please keep in mind if you have a Well Visit and address a complaint, medication refills or anything other than just a well visit, this could create a separate office visit, creating a co-pay / co-insurance.**

***We do charge the patient for medical records request at 10 cents a page and up to \$25.00. This fee will be due at time of pick up. FMLA forms will be charged a \$25.00 prepaid fee.**

Printed Patient Name:

Patient Signature:

Date: