



## Patient Financial Policy

We believe that the physician-patient relationship is strengthened when there is a clear understanding between both parties as to their rights and financial obligations. We strive to keep your medical costs as low as possible. To do this, we need to keep our billing costs to a minimum. Please help us in the following ways:

- Always bring your current health insurance card to the office.
- Please notify us at time of check-in of any changes in insurance, address, telephone or family status.
- Please pay your co-pay or deductible at the time of service.
- You will be expected to pay in full if:
  - You do not have insurance
  - Emergency Physicians Medical Center does not participate with your health plan
  - You are unable to present a valid member identification card from your insurance carrier at your visit
  - We are unable to verify your insurance coverage.
- You should receive a bill for any other patient responsibility within 30 days; and/or an explanation of benefits from your insurance company.

In order to maintain financial stability in the current medical insurance environment and to provide the best possible medical care at the lowest possible cost, we have established the following payment policies:

**Insurance:** It is the responsibility of the insurance cardholders to know what their eligibility and coverage is with their insurance carriers. If this is not known, we suggest that you verify coverage limitations prior to being treated – to assist you we will provide a courtesy telephone.

Although we will estimate what your insurance company may pay for your visit, it is the insurance company that makes the final determination of your financial obligations and eligibility for services. You agree to pay any portion not covered by your insurance.

If Emergency Physicians Medical Center participates in your insurance plan:

- We are required by our insurance contracts to collect all co-pays and other patient-responsible amounts at the time of service.
- If you have not met your deductible, we will estimate the expected insurance payment for your visit and request that amount at check-out. This is an estimate only and you may receive a statement with additional balances after your visit.


- Payment for charges from earlier visits not covered by insurance is due at registration.

If Emergency Physicians Medical Center does NOT participate in your insurance plan:

- Payment of all unpaid balances on your account is required at registration.
- Payment in full for your visit charges is required at time of service.

If you do not have insurance:

- Unless arrangements are made in advance, we will collect payment in full for your visit charges. You may pay by cash, check or credit/debit card at the time of service.

 Payment of all unpaid balances on your account is required at registration.

If you are covered under Worker's Compensation:

- If the reason for your visit is an accident or injury while on the job, please know that we will submit the bill directly to your employer or your employer's workers' compensation carrier. The bill will not be covered unless your employer files the claim to the carrier. It will remain your responsibility until a valid claim is filed by your employer.

## Financial Agreement

I request that services be performed and I agree to be responsible for any charges incurred. I understand that if I fail to make payment when due and my account becomes delinquent or is turned over to a collection agency or attorney for collections, the undersigned shall pay all collection agency fees, court costs and attorney fees and risk being dismissed from the care of Emergency Physicians Medical Center.

I have read this Patient Financial Policy as outlined, and understand that I am ultimately responsible for the charges incurred by me or by my child/children as their legal parent or guardian.

This is an agreement between Emergency Physicians Medical Center, as creditor, and the Patient, Guardian/Guarantor or Parent, as debtor, named on this form.

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**Patient/Guardian Signature**

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**Date**