IM SPECIALIST - Financial Policy – Updated 01/01/2019

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Please read and initial the spaces provided. A copy will be provided to you upon request. **PLEASE READ CAREFULLY**

| Insurance Information a | and Coverage |
|-------------------------|--------------|
|-------------------------|--------------|

It is your responsibility to provide IM Specialist with all correct and updated insurance information at every visit. Failure to do so may result in denied claims and any balance will become your responsibility. You are responsible for knowing what your insurance will cover. Every plan is different and we have no way of knowing if a particular test will be covered or not. If you are unsure and are worried about the cost of any particular test or procedure, please contact your insurance company prior to having the test or procedure done.

| Signature of patient or responsible party | Date |
|--|--|
| I have read and understand the IM Specialist financial/guidelines. | payment policy and agree to abide by its |
| Collections. If your account goes into collections IM S appointments until the balance is paid in full. There we account that goes to collections. | ll be a 5% collection fee added on any |
| Payment Plans. IM Specialist will arrange a payment balances No payment plan can exceed a 3 month per provide payment plans for self-pay/cash patients. | |
| Statements. Billing statements are sent monthly. It is a paid within 15 days of receipt of bill. If your account is receive a letter stating that you have 10 days to pay yo right to refuse treatment to patients with outstanding | s over 30 days past due , you will ur account in full. <i>IM Specialist has the</i> |
| Claims submission. As a courtesy, IM Specialist will assist you in any way we reasonably can to help get yo | submit your claims and |
| Our providers do not treat for work place or work relat speak to a workman's comp representative within your provider or seek care at an urgent care facility | |
| Work Related Injuries | Initial |
| Automobile Accidents If you are involved in an automobile accident, IM Specompany. We do not bill third party insurance company | |
| All co-payments and deductibles must be paid at the part of your contract with your insurance company. Fa and deductibles from patients can be considered FRAU prior to your visit and will collect a standard fee of \$95 met prior to your being seen. | ilure on our part to collect co-payments JD. IM Specialist will review your account |
| contact your insurance company prior to having the tes | st or procedure done. Initial |