



MedSouth URGENT CARE

FINANCIAL POLICY

1. **Payment is due at the time services are provided.** Our office accepts cash, checks, Mastercard, Visa, Discover, and Amex. **Future visits will not be available until your account is current.**

2. Our office does make an effort to obtain insurance benefit information; however, **we are not able to keep up with the specifics of each and every policy.** It is your responsibility to familiarize yourself with your personal policy; you may contact your insurance to find out specifics concerning coverage, insurance fee schedule and frequency limitations. If your policy requires preauthorization or has benefits limitations we need to be informed by you before treatment is rendered.

3. As a courtesy, we will file your primary insurance claim. You are ultimately responsible for the full amount charged for treatment; if insurance has not responded and paid claims within 90 days of service it is your responsibility to clear the account, or if insurance has paid and there is a remaining balance it is your responsibility. Insurances failure to pay does not release you from your responsibility to pay.

4. All incurred charges are ultimately the responsibility of the patient, regardless of insurance coverage. We must emphasize that as your medical care provider, our relationship is with you, our patient, and not with your insurance company. Your insurance plan is a contract between you, your employer and the insurance company. Our office is not a party to that contract or any possible restrictions.

5. **Our estimate of your co-pay, deductible and co-insurance is just that-- an estimate.** It is not a guarantee of coverage or payment from your insurance; you understand you will receive a bill for any remaining balance deemed your responsibility once insurance processes the claim.

6. Returned checks will be handled by an outside company called Nexcheck. Nexcheck will attempt multiple times to process your check through your bank account. Nexcheck will charge you a fee for handling your returned check.

7. **Patient balances not resolved in a 90 days will be sent to an outside collection agency at the patient's expense.** If your account is turned over for collection you are responsible for all collection agency fees, attorney fees, court costs, and all other costs of the collection

8. If a refund is due to you after insurance has paid, please contact our office to request the refund. We will not issue a refund until all claims for the account have been paid.

9. I acknowledge that I have received the attached Privacy Policy

10. I consent to receive any injections, vaccinations, XRAYS, sutures or any other procedure(s) that may be necessary for treatment. I understand that I also have the right to refuse treatment and/or medication or can discuss any and all options with the provider.

Please list all persons authorized to receive information obtaining to your care.

Name	Relationship to Patient	Phone Number

11. I authorize MedSouth Urgent Care to leave messages regarding my care on the number's I have provided.

I, the undersigned, have read the above policies and understand they apply to every patient at MedSouth Urgent Care.

Signature of Patient or Responsible Party/ Relationship to patient

Date