

Patient Financial Agreement

The following is a statement of our financial policy, which we require that you read and agree to prior to any treatment.

1. PrimeHealth Primary Care (PHPC) participates with Medicare, Medicaid, and many commercial insurances. While PHPC may have an agreement with your insurance, it is your responsibility to know if your plan is in network. By contract, covered charges will be paid directly to PHPC. Any applicable co-insurance payments and/or deductibles are due at the time of service. Failure to make the appropriate co-payment at the time of your visit may result in the re-scheduling of your visit.
2. If your plan requires a referral or a prior authorization, you are aware that it is your responsibility to obtain it prior to your visit.
3. We will attempt to confirm your insurance coverage prior to your treatment. It is your responsibility to provide current and accurate insurance information, including any updates or changes in coverage. Should you fail to provide this information, you will be financially responsible.
4. In the event your insurance plan determines a service to be “non-covered” or “not payable”, you are responsible for the complete charges and agree to pay the costs of all services. You understand the balance is due upon receipt of the first notice from PHPC. If any part of the account balance becomes delinquent, then the account balance may be forwarded to an outside agency for collection. A \$50 returned check fee may be assessed for non-sufficient funds.
5. If you request a physical only and your doctor treats you for an illness or counsels you regarding a medical condition during the visit, there could be a separate co-payment that is your responsibility.
6. If you are uninsured, you agree to pay for the medical services rendered to you at time of service.
7. Durable Medical Equipment (DME) is not covered through insurance, and you agree to pay for those items at time of service.
8. An initial fee of \$140 is required for all patients who do not have insurance; have insurance that is not contracted with PHPC; reside outside of Sarasota or Manatee County; or have an Out-of-Area Primary Care Physician. Please understand some insurance coverages have Out-of-Network benefits that have co-insurance charges, higher co-payments, and limited annual benefits. If you receive services as an Out-of-Network benefit, your portion of financial responsibility may be higher than In-Network rate.
9. During your appointment, your provider may order additional medical services, such as laboratory tests, which will need to be sent out of the clinic to be processed. In this case, you may receive a separate bill from an external company, which will be your responsibility.

I understand that it is my responsibility to know what the terms of my insurance are, and in compliance with those terms, agree to the following:

I will pay all applicable co-pays, deductibles, self-pay charges, and outstanding balances as they become due.

I assign medical benefits paid by my insurance carrier(s) to PHPC, for application to my bill. I acknowledge that I will be billed for charges not covered under my insurance policy.

I hereby authorize PHPC to furnish the insurance company, payors, or their representatives, any and all information required to process my claims, which may include treatment/testing for HIV-related conditions.

I have read and understand PHPC's financial agreement, and I agree to be bound by its terms. I understand that my refusal to sign this form will be interpreted as my decision to cease receiving medical care with PrimeHealth Primary Care.

Patient Signature (or responsible party if patient is a minor)

Date

Print Patient Name

Print Responsible Party Name (if different from patient)