



## ELITE PRIMARY CARE FINANCIAL POLICY

**CHECK-IN:** At the time of check-in at each visit we require your current medical insurance so we can verify eligibility. If you do not have active insurance, office visit charges are due at the time of service. You may also receive a statement for any additional lab fees or charges incurred. All copays and any outstanding balances on your account or any account for which you have financial responsibility are due unless prior arrangements have been made with the billing department. You will also be required to show identification and update any changes in address or contact information. If you are unable to satisfy these requirements at the time of check-in, your appointment may be rescheduled or you may be required to pay the full cost of your visit for that day.

**MEDICAL INSURANCE :** A medical insurance policy is a contract between a patient and the insurance carrier. We bill your insurance as a courtesy to you. It is your responsibility to know your insurance benefits **prior to** receiving services, and to verify that our office is **in network**, and that all pre-approval requirements are met to avoid denials. We do NOT guarantee that any service provided will be covered by your insurance company, including routine wellness exams (physicals). It is your responsibility to verify that your plan allows routine wellness exams (physicals) and to schedule them within the time limit allowed by your insurance plan. Payments not received within 60 days from your insurance may be transferred to your financial responsibility.

You are responsible for all denied and non-covered services, including: copays, co-insurance, and deductibles; services deemed not medically necessary by your insurance; services not covered due to pre-existing condition clauses or other diagnosis not covered by your plan; out-of network benefits; if your plan does not provide coverage for physicals, well-child exams, immunizations, sport physicals and other routine services; and charges resulting from the patient's failure to provide information requested by your insurance company.

**PAYMENT:** Balances on your account or on an account for which you are financially responsible are due at the time you receive the statement. If you are unable to pay the full amount of outstanding balance at the time it is due, it is your responsibility to contact our billing department to make payment arrangements. Failure to pay your account balance within 60 days may result in your account being inactive and non-emergent services being withheld until the balance is paid in full. Delinquent accounts may be turned over to a collection agency and you may be discharged from the practice. Any charges and fees resulting from this action, including legal fees, will be your responsibility. There is a \$35 fee for any check returned by the bank.

**LABS AND IMAGING:** As part of your care, lab tests or imaging may be ordered. Some basic lab tests are processed in our office and will be billed to your insurance as part of your visit. We use QUEST DIAGNOSTICS for labs not processed in our office. Quest will bill your insurance separately for labs. Any charges incurred by QUEST or other imaging facilities not covered by your insurance will be your financial responsibility, even if your insurance deems those services medically unnecessary or non-covered.

**NO SHOWS AND CANCELLATIONS:** If you miss your appointment without notice, cancel or reschedule your appointment with less than 24 hours notice, you will be subject to a \$50 fee. After 3 or more no-shows or late cancellations you may be discharged from the practice.

**I HAVE READ AND UNDERSTAND THIS FINANCIAL POLICY AND AGREE TO ABIDE BY THESE TERMS FOR SERVICES PROVIDED AT ELITE PRIMARY CARE.**

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SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

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DATE