



12260 Tamiami Trail East  
Unit 102  
Naples, Florida 34113  
(239) 692-9096

## Financial Policy and Disclosure

The Financial Policy and Disclosure is to help us provide the most efficient and reasonable health care services. Therefore, it is necessary for us to have a Financial Policy and Disclosure stating our requirements for payment for services provided to patients.

### Self-pay Policy

- If you are a self-pay patient, you will be required to pay for the office visit before services are rendered.
- In addition, any remaining balance on your account will be collected at discharge.

### Insurance Policy

- If you are an insurance patient, it is our policy to file for insurance as a courtesy to you, if we have accurate and complete insurance information.
- If a service is provided that is not covered by your insurance company, you will be the responsible party at time of service.
- If we have not received a payment from your insurance company within 90 days, you will be responsible for the balance due.
- Deductibles, co-payments and coinsurance will be collected before services are rendered.
- In special cases, we may need your help in contacting your insurance company for the payment of your services.

**Workers Compensation Policy** If you are a workers' compensation patient, it is our policy to bill your employer or the workers' compensation carrier for the services rendered.

- If you are covered under workers' compensation, we will accept the payments by the workers' compensation carrier as per contracted rates based on the mandated Florida state fee schedule.
- If payment is denied from your workers' compensation carrier, you will become responsible for the entire balance of your services. Payment will be due 30 days following any workers' compensation payment denial.
- It will be your responsibility to contact us with the name and address of your employer or the insurance company that covers your employer.

To help in this policy we ask that you assist us by:

1. Providing us with current and updated information on yourself and your insurance company.
2. Presenting an updated photo identification card and insurance card when changes are made.
3. Making the appropriate payment at time of service, whether it is a deductible, copay, coinsurance or the full amount if you are a Self-Pay patient.

To provide the best medical care, we ask that you do not discuss your account balance/financial aspects with the physician(s) or medical staff. Please discuss any account information with the check out associate at the front desk.

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date