

## 8-2-8 Urgent Care Financial Policy

Thank you for choosing 8-2-8 Urgent Care, in an effort to provide you with excellent medical care, we would like you to take a moment and review our financial policy. After you have read our policy please sign in the space provided below. If you have any questions, please feel free to ask our staff. A copy of these financial policies will be provided upon request.

**Payments Due at Time of Service:** Below is a list of the payments that are due at the time of service. Cash and Credit cards are accepted.

- ❖ All Co-Payments, deductibles, co-insurance, past due balances and fees for service are due at the time of service.
- ❖ Co-payments: Your insurance company requires us to collect co-payments at the time of service.
- ❖ Deductibles Payments: If your insurance requires you to meet a deductible before services are covered, payment must be made at the time of service. A \$45.00 minimum payment will be due at the time of service. Please note the \$45.00 payment does not constitute payment in full and any additional balance will be billed to you.

**Member Eligibility Disclaimer:** We make every effort to verify your insurance benefits at the time of your visit, however there are times when verification is just not possible. We will provide the insurance company with all of the information they need to process your claim; however, if for any reason the claim is unpaid by your insurance company, you will be responsible for the amount due. If you are a new patient and we are unable to verify insurance, our protocol is to see you as a self-pay patient until we can establish coverage.

- ❖ Please bring your insurance card(s) and valid photo ID with you each visit.
- ❖ It is your responsibility to notify us of changes in your health insurance.

**Please keep in mind that your insurance policy is a contract between you and your insurance company.**

**Claim Submission:** We must have a copy of your most recent insurance card(s) and any secondary insurance or supplemental card(s) you may have in order to bill your insurance properly. We will submit your claims and assist you in any way we reasonably can to get your claims paid. Payment from your insurance policy is expected within 30-45 days. After 45 days, we will look to you for payment in full. You will be responsible for all non-covered services. Your insurance company may require you to submit certain information to them directly (this includes accident questionnaires, coordination of benefits etc.) It is your responsibility to comply with their request.

**Self-Pay:** This is a reduced time of service fee. We designate accounts Self-Pay due to the following reasons:

- ❖ Patient has no Health Insurance
- ❖ Patient is covered by an insurance plan which we are not contracted with or do not accept.
- ❖ We are unable to verify benefits and eligibility
- ❖ Patient who had balances/charges waived or removed due to Bankruptcy. This patient will be seen as Self-Pay only.

**Laboratory Bills:** Any laboratory procedures that are ordered during today's visit will be billed to you directly by the laboratory. Please contact the lab directly for any questions regarding your laboratory bill.

**Medi-Cal Disclaimer:** We do not accept nor are we contracted with Medi-Cal. If you have a Medi-Medi plan, have Medi-Cal primary insurance or have a secondary/supplemental insurance through Medi-Cal, please be aware that the visit will not be covered and any balance will be patient responsibility. **We do not bill Medi-Cal for any reason.**

**Covered California:** We do not accept Covered California plans or plans that mirror Covered California plans. It is your responsibility to understand your coverage and plan.

**Divorce and Custody Cases:** The parent who brings the child to the office for care is responsible for payment at the time of service no matter if the account is Self-Pay, participating insurance, or nonparticipating insurance. The practice does not honor divorce specifics (e.g., percentage of financial responsibility).

I have read, understand, and agree to the above Financial Policy. I agree to comply with the policies of 8-2-8 Urgent Care and understand that charges not covered by my insurance company, as well as applicable copays, co-insurance and deductibles are my responsibility.

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Print name of patient or responsible party

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Signature of patient or responsible party

\_\_\_\_\_

Date