`

PATIENT FINANCIAL & PAYMENT POLICY

This financial payment policy is an agreement between Gift of Health Medical (GOHM) and you, the patient, or responsible party. By signing the patient registration form, you are acknowledging that you understand and agree to our financial payment policy.

Patient Responsibility:

- You must provide us with a current insurance card and billing information. Your insurance policy is a contract between you and the insurance company. It is your responsibility to know your insurance benefits. We will bill all insurance plans, but we do not guarantee coverage. We will bill you for any remaining portion due after insurance processes your claim.
- **Co-pays** are due at the time of service.
- **NSF Fees**: A $20.00 returned check fee will be charged for checks returned due to insufficient funds.
- **Workers' Compensation Plans**: You are responsible for ensuring that your employer submits the "First Report of Injury" to the necessary federal agency. If your insurance company denies the claim because your employer failed to file the notice, the bill will become your responsibility. We are happy to assist you with filing the claim yourself if necessary.
- **Auto Accident Claims**: We will bill your auto policy in the event of an auto accident. If someone else is responsible for the accident, we will **not** bill his or her insurance. You will be responsible for our bill and you will need to seek reimbursement from the other party.

I understand that I am financially responsible for all charges regardless of third-party involvement. I agree to pay any deductible, co-insurance; copay or any service(s) deemed a "non-covered benefit" by my insurance company. I understand that failure to pay outstanding balances within 90 days of receiving my first statement will result in submission of my account to an outside collection agency. If the debt remains after transfer to our outside collection agency, the debt may be reported to credit bureaus and your credit rating may be affected. In addition, failure to pay delinquent account balances may result in termination of care from GOHM.

Patient Signature: _____

Print Name: _____

Date: _____