



Patient Bill of Responsibility, 2026

Our practice is committed to giving our patients the best care and experience. To do so, we engage all our patients as partners. As a patient/ guarantor of Dr. Zahiri and/or *EliteCare* Surgical Specialists, you have engaged in an agreement to not only have your care executed by *EliteCare* Surgical Specialists but also engaged in a financial agreement/contract with Dr. Zahiri and *EliteCare* Surgical Specialists. The following are the terms of our financial agreement:

- For us to serve you and protect you during your care with us, you will be required to provide a valid government issued identification (driver's license, passport, etc.) with your information, including your up-to-date residential address and complete mailing address if different. Your identification card will be scanned and kept in your electronic patient chart. PLEASE NOTE, WE WILL NEVER STORE YOUR PERSONAL INFORMATION OUTSIDE OF OUR ELECTRONIC HEALTH RECORD.
- You agree to maintain a valid credit card on file with our office throughout the course of your care with *EliteCare* Surgical Specialists. This card must share the same billing address as your government-issued ID and will serve both your convenience and as your preferred method of payment for any outstanding balances, dues, or fees owed to our practice. Should you have any outstanding balances, we will make every effort to notify you using the email address and phone number on file. However, please note that any unpaid balance may be charged directly to your credit card on file when due, without requiring additional authorization. In the event of a dispute filed with your credit card company, you acknowledge that we may disclose relevant medical information as necessary to substantiate the services provided and recover the balance owed.
- If a person other than the patient elects to place a credit or debit card on file for this account, that individual must present a valid government-issued photo identification. The name and billing address on the identification must exactly match the name and billing address associated with the card. The cardholder is also required to provide a signed authorization confirming acceptance of responsibility for service related bills and agreement to comply with the practice's financial policies
- Please be advised that a **2.99% processing fee** will be added to the total bill for all payments made using a **credit card**. This fee reflects the cost incurred by our office to process credit card transactions. We encourage patients to consider alternative payment methods to avoid this fee: **Checks** and **cash** are gladly accepted and **not subject to any processing fees**.



- You agree to make every attempt to understand the benefits of your insurance plan, even to the extent of calling your insurance carrier, to verify that *EliteCare* Surgical Specialists, their surgeons and their services are approved and covered as Providers by your insurance plan.
- *EliteCare* Surgical Specialists will submit charges to your insurance carrier. Regardless of insurance status, you are responsible for all charges incurred, including co-insurance, copayments, or deductibles.
- Claims are submitted to your insurance as a courtesy, but unpaid claims after 60 days will be due for payment by you. We may bill you directly or charge your credit card on file. Contact your insurance company to confirm necessary information for claim processing.
- Please communicate promptly with us regarding any insurance correspondence. If your insurance provider delays payment, you will be required to pay. We will issue a receipt for you to seek reimbursement from your insurer. We only bill for the contractually allowed amount as specified by each payer.
- If your surgeon at *EliteCare* Surgical Specialists refers you to another specialist or to have further testing including labs, imaging or other procedures, you understand that it is your responsibility to determine whether the provider or service is covered by your insurance carrier. The *EliteCare* Surgical Specialists team will provide reasonable assistance to help ensure that the referral and/or services are covered by your insurance. *EliteCare* Surgical Specialists will not be held responsible for any bills you incur by a referred provider that is not contracted with your insurance.
- Dr. Zahiri and/or *EliteCare* Surgical Specialists will submit all charges incurred to your insurance carrier related to services provided to you. We will also provide the necessary documentation to the carrier in order to support any claims. If Dr. Zahiri and/or *EliteCare* Surgical Specialists are not in network with your insurance carrier, we will still submit claims as courtesy, however you understand that you will be responsible for any and all unpaid balances within 60 days.
- Unless other arrangements have been made in advance, payment for office services, including co-payments, co-insurance and deductible amounts, are due at the time of service. We will accept VISA, MasterCard, American Express, cash or check.
- You agree to inform the office of all insurance coverage changes and authorization/ referral requirements immediately or face the possibility of being billed directly for unpaid charges.



- If uninsured, you agree to the "Self-Pay Policy" terms. Under this policy, we will work with you on an individual basis to provide you with detailed and accurate pricing for all services provided. Depending on the services, their costs, and your individual circumstances, we may provide payment options, including payment installments, although Dr. Zahiri and/or *EliteCare* Surgical Specialists have no obligation.
- New patients without insurance will be responsible for the full consultation fee of \$350 at the initial visit. Subsequent visits may also have associated charges depending on whether the condition requires multiple visits to complete care. Patients are not charged for **routine** post-surgery visits included in the surgery price.
- You will receive a patient number for billing. A new bill is generated with each visit. If unpaid after 30 days, a **1.5% late fee** will apply. Nonpayment may result in your debt being sent to collections, incurring an additional **30%** fee on the total balance.
- *EliteCare* Surgical Specialists will protect your privacy in accordance with HIPAA regulations, but may share your personal, medical, and financial information with third parties for payment purposes, including insurance companies.
- A **\$35.00** fee applies to all returned checks. This is not covered by your insurance.
- We charge a **\$25.00** fee for completion of perioperative Family and Medical Leave Act (FMLA) forms for patient employers, if required.
- We charge a **\$25.00** fee for comprehensive medical records retrievals and requests, specifically, to acquire hospital records for patients, outside our clinical domain.

No-show/late cancellation policy

- We understand that you may need to cancel an appointment occasionally. In such circumstances, please contact us no later than 24 hours before your scheduled appointment time. You may do so by calling our office at (301) 215-0127, sending an email to Consult@EliteCaress.com, or messaging us through the patient portal.



- If you fail to show up for a scheduled clinic visit in a timely fashion or not show at all, without advance communication and good reason, you may be billed a “Late” or “No Show” fee that will not exceed **\$50.00 per episode**.
- The fee for late cancellations or no-shows may be waived if patients proactively communicate with *EliteCare* Surgical Specialists. To qualify for a waiver, patients must provide a valid reason for their late cancellation or no-show. We encourage open dialogue to ensure that we can accommodate your needs and avoid any unnecessary charges.

Print Patient Name: _____

DOB: _____

Patient or Guardian Signature: _____

Date: _____

Printed Name of Financially Responsible Individual (if different than above)

Relationship to Patient (if applicable): _____

Signature: _____

Date: _____