



Ben H. Guiot, M.D.

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FINANCIAL AGREEMENT

- Insurance Patients- The percentage of coverage by your insurance company may be based on your insurance company's own reduced fee schedule for medical services and may be less than actual charges, resulting in lower coverage for you. We have no control over this situation. Lower payment is a direct result of the plan selected by you or your employer. Please be advised that we cannot waive co-payment deductibles.
- Insurance is a contract between you and your insurance company, we are not party to this contract. We will inform you if we participate with your insurance and will handle your claims according to our contract with that company. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered and non-covered services, or usual and customary. You are responsible for a timely payment of your account.
- Medicare Patients– This office accepts traditional Medicare Assignment. Medicare patients are fully responsible for the yearly deductible and 20% co-payment. Federal law requires that we collect these amounts. If you have insurance in addition to Medicare, we will submit this for payment as well.
- Accident or Auto Injury Patients- It is our goal to offer our services to a wide range of patients and we understand that some patients may require our care due to injuries sustained in a motor vehicle collisions or other types of accidents. We attempt to bill Personal Injury Protection, where applicable. When personal injury protection benefits are exhausted, or are otherwise unavailable, we may bill any charges for care and treatment related to your accident directly to you. We will refrain from collection efforts on any unpaid or non-covered services until your claim is resolved. In return, it is your obligation to provide us with the name and contact information of any insurer you wish to have billed as well as your policy and/or claim number at the time of your initial visit. If you fail to provide us with that information, your personal protection insurance will not be billed, and you will be responsible for the full payment of all charges incurred and to the extent allowed by law. You understand that you are fully and directly responsible to our office for all bills for medical services rendered to you and that you are receiving consideration from our office as we are agreeing to render services and refrain from collection activity on your account until the conclusion of your claim. You understand and acknowledge that your payment for medical care and services rendered to you is not dependent on the receipt of any settlement, judgement, award, or recovery of any type. I understand and acknowledge that I remain fully responsible for any balance not covered by the recovery of any kind from my claim. At the conclusion of any such claim, it is your responsibility to contact our office, or instruct your attorney to contact our office to inform us that the claim has been resolved and to make arrangements for final payment of any charges incurred. You understand that at all times you remain fully personally liable for the balance and we will commence collection efforts within sixty (60) days after the conclusion of your claim if other arrangements to pay the balance have not been made. Balances incurred for our services remain your responsibility regardless of whether the treatment rendered by our physicians is deemed unrelated to the incident giving rise to your claim by any first or third party insurance carrier, judge, jury, arbitrator, or other fact finder.
- During the pendency of any claim for which you have retained legal counsel, it is your responsibility to provide us with the name and contact information of your legal representative at the time of your initial visit. You are also responsible to notify us of any change in your legal representation within ten (10) days of the change. In the event you are no longer represented by legal counsel, we reserve the right to initiate collections efforts within ten (10) days of notification.

- You understand and acknowledge that you have freely chosen to receive treatment at this facility and that you have not been made any promises or received any inducements to incur the expenses of such treatment based upon the outcome of any pending claim you have.
- **No Show/Cancellation Fee for Initial Consultation-** Any patient who cancels a scheduled Initial Evaluation (other than medical reasons) with less than 48 hours' notice, or does not show up for his/her appointment, will be charged a fee of \$50.00
- **No Show/Cancellation Fee for Follow-Up Appointment-** Any patient who cancels a scheduled follow up appointment with less than 24 hours' notice or does not show up for his/her appointment, will be charged a fee of \$30.00.
- **No Show/Cancellation Fee for Surgery** – Any patient who cancels a scheduled, elective surgery (other than medical reasons) with less than Five (5) working day notice or does not show up for surgery, will be charged a cancellation fee of \$5,000.00.00. Legitimate emergencies will be taken into consideration.
- Assignment of Insurance Benefits– In the event that you are entitled to any benefits of any type whatsoever arising out of a policy insuring you or any other party's liability to you. You hereby assign said benefits to BEN H. GUIOT, M.D. to be applied toward your bill.
- I realize all payments are due within 30 days and that failure to keep my account current may result in the doctor being unable to provide additional services, except for emergency treatment. In the case of default on payment of my account, I agree to pay collection costs, court costs, and reasonable attorney fees incurred while attempting to collect my account balance or any future outstanding account balances.

-Important notice to patients

- Under Florida law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice.
- This is permitted under Florida law subject to certain conditions. Florida law imposes penalties against noninsured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

Print Name
Patient / Responsible Party

Sign Name

Date