SOUTH BEACH MEDICAL

FINANCIAL POLICY

At **South Beach Medical Associates**, we are committed to providing you with quality care. To reduce confusion and misunderstandings regarding financial matters, we have outlined our financial policy below. Please review carefully.

Insurance Billing

- As a courtesy, we will accept **assignment of benefits** and bill your insurance carrier on your behalf, provided we are given **complete and accurate insurance information**.
- We also bill secondary insurance and accept: **Medicare, AARP, Florida Medicaid, Tricare, Cigna, Aetna, Sunshine State Health Plan, Ambetter, BCBS PPO, UHC PPO, Humana PPO, Evolution, Multiplan, Anthem PPO**, and may bill other insurance plans depending on eligibility.
- We may also bill **Motor Vehicle Accident** or **Workers' Compensation** claims if coverage applies.
- While we make every effort to **estimate co-payments, co-insurance, and deductibles**, final responsibility for payment lies with the patient/parent.
- Please note: A **Well Visit** that includes evaluation of a new or existing condition may be billed as a **Sick Visit**, and additional co-pay, co-insurance, or deductible may apply.

Self-Pay Patients

- If you are **uninsured/self-pay**, payment in full is required **at the time of service**, unless prior arrangements have been made with our business office.
- For minors, the **parent/guardian seeking treatment** is responsible for ensuring payment.

Patient/Parent Responsibility

- It is the **patient/parent's responsibility** to understand insurance coverage. We encourage you to verify benefits with your insurance carrier **before your appointment**.
- Coverage will be verified by our staff prior to being seen.

Payments

- **Co-pays, deductibles, and balances** are due **at the time of service** and may be paid by:
  - Cash
  - Check
  - Credit card (Visa, MasterCard, American Express, Discover, CareCredit)
- Payments may be made in person, by phone, or through our billing manager.
- Monthly patient statements are issued by **Transcure Medical Billing and Coding Company (USA)**.
- Returned checks are subject to a **$25.00 fee**, which must be paid in full (cash or credit card) prior to future visits.

No Surprises Act (NSA)

For more information regarding your rights under the **No Surprises Act**, please visit:

- South Beach Medical NSA Policy
- CMS – No Surprises

Agreement: By signing below, I acknowledge:

- I have received and reviewed a copy of the **Financial Policy**.
- I am responsible for payment of services provided, including any costs not covered by insurance.
- In the event of delinquent payments, I am responsible for any collection costs incurred.

Patient Signature: _____ Date: _____

Parent/Legal Guardian Signature (if applicable): _____ Date: _____

Child's Name (if applicable): _____ DOB: _____