



Pinellas County Primary Care

AND HOSPITALISTS

Financial Agreement

We are participating providers for Medicare, as well as many HMO & PPO plans. We will file claims on your behalf. You will be responsible for all balances, copays & deductibles, per your insurance explanation of benefits. You are responsible, as the insured & the patient, for providing our office with a copy of your current medical insurance. If you do not inform us of any changes, or provide us with correct information, you will be responsible for charges incurred. Payments (copay & deductibles) are due at the time of service. We accept cash, checks, Master Card, Visa & American Express. For any checks returned for non-sufficient funds, will result in a \$25 fee.

Referrals & Authorization

This office requires a minimum of 5-7 business days to process routine authorization requests. If applicable, you are responsible for ensuring that any insurance referrals and/or authorizations are obtained prior to your visit, or procedure by a specialist. Short (less than 5-7 business days), or no notice from you, may result in canceling or rescheduling your appointment with the specialists.

Notice of "Non-Covered" Services

I am aware that some services performed by the practice may be considered "non-covered" by my insurance carrier, or Medicare, therefore, I will become financially responsible for payment of these services.

Notice of Missed Appointment Fee (Applies to in office & Telemedicine Visits)

Our office requires 24 business hours to cancel or reschedule. Failure to provide the required 24-Business hours' notice will result in a **\$50 fee. Any outstanding No Show and/or missed appointment fees must be paid prior to being seen.**

Policy for Interpreter Services

This office provides sign language interpreters for those in need. However, please be aware, if you do not show up or cancel within 24 business hours of your scheduled appointment, you will be responsible for paying the minimum fee charged by the interpreter. **(The fee may vary by interpreter, typically around \$140- If you incur this fee, it must be paid to our office, prior to rescheduling the missed appointment.)**

Collections Policy

You will receive 3 statements for any balance. If not paid after the 3rd and final statement, your account is considered delinquent. Should your account be referred to an outside agency or an attorney for collections, the undersigned agrees to pay reasonable collection & attorney fees for collection expenses in addition to any outstanding bills.

Telemedicine Policy

At the time of scheduling, a credit card will be required on file (stored securely within our Merchant processing platform) for all Telemedicine appointments. The card on file will be charged for copays & balances following the telemedicine visit, accordingly. The card on file will be charged \$50 for any Missed or No-Show Telemedicine visits.

Patient's name (PRINT) _____ Date _____

X _____
Signature of Patient or legal guardian (If legal guardian, relationship to the patient _____)