



UNITED REGIONAL PHYSICIAN GROUP PAYMENT POLICY

Thank you for choosing us as your healthcare provider. We are committed to providing you with quality and affordable health care.

INSURANCE: We participate in most insurance plans, including Medicare. If you are not insured by a plan we are contracted with, payment for your services are expected at your visit. If you are insured by a plan with which we are contracted but, do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your current coverage. Knowledge of your insurance benefits and eligibility is patient responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

CO-PAYMENTS AND DEDUCTIBLES: All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from the patient can be considered fraud. Please help us in upholding the law by paying your co-payments at each visit.

NON-COVERED SERVICES: Please be aware that some (and perhaps all) services provided may be, as described by your insurance company, non-covered or not considered reasonable or necessary by policy standards. You must pay for these services in full at the time of visit.

PROOF OF INSURANCE: All patients must complete our patient information form before seeing the providers. We must obtain a copy of your driver's license and valid insurance cards. If you fail to provide us with this information in a timely manner, you will be considered responsible for the balance of your claim

CLAIMS SUBMISSION: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply additional information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance policy is a contract between you and your insurance company; we are not party to that contract.

COVERAGE CHANGES: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you as patient responsibility.

NON PAYMENT: Please be aware that if a past due balance remains unpaid, we may refer your account to a collection agency.

MISSED APPOINTMENTS: Please help us serve you better by keeping your regularly scheduled appointment.

Our practices are committed to providing the best treatment for our patients. Our prices represent that of usual and customary charges in this area.

Thank you for your understanding regarding our payment policy. Please let us know if you have any questions.

I HAVE READ AND UNDERSTAND THE PAYMENT POLICY AND AGREE TO ABIDE BY ITS GUIDELINES.

Signature of patient or responsible party

Date