

FLORIDA HAND CENTER FINANCIAL POLICY

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. For your convenience, we have answered some of the most commonly asked financial questions below.

HOW MAY I PAY?

We accept payment by cash, personal check under \$100 (except third party checks), VISA, MasterCard, Discover, American Express, and debit cards. (A fee of \$25 will be charged for returned checks less than \$50 and \$30 for returned checks between \$50 and \$100)

WHAT IS MY FINANCIAL RESPONSIBILITY?

You are responsible for any co-pay or co-insurances at the time of service. We will also collect charges for your visit if you have a deductible that has not been met. While we do verify your insurance coverage and provide you with the best financial estimate possible, coverage varies and we cannot be responsible for all information. **It is highly recommended that you know your insurance coverage, and check your financial responsibility before any treatments. It is your responsibility to make sure we are in network with your insurance.** *As a courtesy,* we do submit your bill to the insurance company initially, and you will be billed for any balance remaining after receipt of their payment. In situations in which the insurance company requires additional information, you will be notified that we have received a denial for this reason, and we will hold your claim for an additional 30 days to receive payment. If, however, we do not receive payment within that time period, the bill will become your responsibility, and payment will be expected upon receipt of your statement. We employ every means to ensure that claims are sent appropriately, yet on occasion, a claim may not be paid. To reduce our costs, which ultimately benefit our patients, *we will not be filing your claim more than once* unless it is our mistake which caused the claim to remain unpaid. At that point, you will be financially responsible for our fees, and you will need to follow up with your insurance company for reimbursement. We cannot be responsible for apprising you of your insurance benefits, or lack thereof.

WHAT IF MY CHILD NEEDS TO BE SEEN?

A parent or legal guardian **MUST** accompany minor patients on their visits. This accompanying adult is responsible for any payment due at the visits. If the child is covered by a non-custodial parent or guardian's insurance plan, we must have all the correct insurance information. We will gladly supply receipts for reimbursements of co-pays or co-insurance.

NO SHOW AND RESCHEDULE POLICY

Florida Hand Center requires **24 HOURS** notification when you or your child's appointment or procedure has to be cancelled or rescheduled. If we do not receive such notice, Florida Hand Center will charge a \$25 no-show fee for a follow-up visit or a \$50 no-show fee for a procedure, as we have set aside time, resources, supplies, and materials which can not be recovered if you miss your appointment. This can not be billed to insurance. **Patients who no-show will not be rescheduled without paying the fee unless there are extenuating circumstances which will be considered on a case by case basis.** This charge will be collected **prior** to any additional appointments being placed back on the schedule.

** Answering service available after hours and on the weekend

I have read, understand, and agree to the above Financial Policy. I understand that I am ultimately responsible for all charges incurred. I further authorize my insurance benefits be paid directly to Florida Hand Center, and agree to the release of pertinent medical information to my insurance company to facilitate payment of claims.

Please be advised that the Florida Hand Center reserves the right to change their financial policy at any time, but will make every effort to apprise their patients of any adjustments.

Date

Patient or Legal Guardian Signature

Printed Name