



Sound Medical

Family Practice

Thank you for choosing Sound Medical Family Practice as your medical home. Please read this policy carefully, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

- 1. Insurance.** We participate in many insurance plans, including Medicare and Medicaid. We are happy to file your insurance for your claims. If you are not insured by a plan we participate with, payment in full is required at each visit. Knowing your insurance plan is your responsibility, please contact your insurance company if you have questions about coverage and participation.
- 2. Co-payments and deductibles.** All co-payments and deductibles will be collected at the time of service. This is a contractual agreement that you have with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud.
- 3. Non-covered services.** Please be aware that some services you receive may not be covered or may not be considered reasonable or necessary by Medicare or other insurance companies. We will only perform or request services that we feel are medically necessary and appropriate in order to provide you with the best medical care we can. You will be asked to sign an Advanced Beneficiary Notice (ABN) if there is a likelihood that your insurance will not pay for services that your provider feels are medically necessary and appropriate. If your insurance does not pay for these services, you will be responsible for the payment.
- 4. Proof of insurance.** We must obtain a copy of a valid insurance card as well as a valid photo ID. Failure to provide us with this information, you may be personally responsible for payment in full for your visit. If your insurance coverage changes, please notify us before your next appointment so we can make the appropriate changes to your account.
- 5. Claims submission.** We will submit your claims to your insurance company and assist you in any way we reasonably can to help get your claim paid. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.

Financial Policy

6. **Missed appointments.** Our policy is to charge for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. We encourage you to keep your regularly scheduled appointment.

7. **Special circumstances.** In the event that you have a financial hardship situation and need to make special arrangements for payment of your bill, please speak to one of our billing specialist as soon as possible.

8. **Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 30 days to pay your account in full. Partial payments cannot be accepted unless specifically negotiated with Sound Medical's financial manager. Please be aware that if a balance remains unpaid we may refer your account to a collection agency and you and your immediate family members may be discharged from our practice. If a discharge occurs, you will be notified via certified mail that you have 30 days to find alternative medical care. During that 30-day period, our providers will only be able to treat you on an emergency basis.

Thank you for taking the time to read and understand our financial policy. Please let us know if you have any questions or concerns.

PATIENT INSURANCE INFORMATION

Name of Primary Insurance _____

Name of Secondary Insurance _____

I have read and understand the financial policy and agree to abide by its guidelines.

I agree to provide Sound Medical with a current copy of my insurance card (s) for scanning and claims submission at every office visit.

X _____ Date _____ - _____ - _____