



Financial Policy and Disclosure

The Financial Policy and Disclosure is to help us provide the most efficient and reasonable health care services. Therefore, it is necessary for us to have a Financial Policy and Disclosure stating our requirements for payment for services provided to patients

Patients are responsible for the payment of all services provided by The Sugar Doctors, LLC .

Self-Pay Policy

- If you are a self-pay patient, you will be required to pay for the office visit before services are rendered
- In addition, any remaining balance on your account will be collected at discharge

Insurance Policy

- If you are an insurance patient, it is our policy to file for insurance as a courtesy to you, if we have accurate and complete insurance information
- If a service is provided that is not covered by your insurance company, you will be the responsible party at the time of service.
- If we have not received a payment from your insurance company within thirty (30) days of filing, you will be responsible for the balance due
- Deductibles, co-payments, and co-insurance will be collected before services are rendered.
- In special cases, we may need your help in contacting your insurance company for the payment of your services
- POS/HMO; It is the responsibility of the patient to obtain prior authorization from your primary care physician before each visit to our office. Patients will be responsible for an unpaid balance due if prior authorization is not done.

Worker's Compensation Policy

- If you are a worker's compensation patient, it is our policy to bill your employer or the worker's compensation carrier for services rendered
- If you are covered under worker's compensation, we will accept the payments by the worker's compensation carrier as per contracted rates based on the mandated FL state fee schedule
- If payment is denied from your worker's compensation carrier, you will become responsible for the entire balance of your services. Payment will be due within ten (10) days following any worker's compensation payment denial.
- It will be your responsibility to contact us with the name and address of your employer or the insurance company that covers your employer.

Overdue and Credit Balances

- All over-due patient balances will be sent to collections
- All accounts sent to collections will be charged a \$25 collection fee in addition to the account balance.
- Credit balances under \$15 aged over sixty (60) days may be written off

Divorce or Custody Case Policy

- The parent or guardian who brings the patient into our office will be held financially responsible, regardless of the provisions in the divorce decree, or who has custody, or who has insurance

To help in this policy, we ask that you assist us by:

1. Providing us with the current and updated information on yourself and your insurance company
2. Presenting an updated photo identification card and insurance card when changes are made.
3. Making the appropriate payment at the time of service, whether it is a deductible, copay, coinsurance, or for the full amount if you are a self-pay patient.

In order to provide the best medical care, we ask that you do not discuss your account balance or financial aspects with the physician(s) or medical staff. Please discuss any account information with the check-out associate or front desk

Responsible Party's Signature

Date

Your cooperation is greatly appreciated.