

ACCT#:

DOB:

### **Your Responsibility**

You are financially responsible for the services ARMC Physicians Care, Inc. provides to you. We understand that many patients have insurance companies that cover a large portion of medical claims. However, the patient (or legal guardian if the patient is a child) is ultimately responsible for the bill if the insurance company does not pay.

As a courtesy to you, we will file a claim to your primary and secondary insurance plans. We do expect payment of co-payments and payment for services not covered by insurance plans at the time of service. Any balance remaining after insurance has paid their part of the covered portion will be due upon receipt of a bill (e.g. Coinsurance, Deductible, non-covered, etc.). If you are unable to pay the balance or need to discuss a payment plan, please contact us immediately to discuss your options.

### **Patients Without Insurance**

ARMC Physicians Care Inc. is pleased to be able to provide services to patients that do not have insurance. If you do not have insurance, you will be required to pay \$50 at the time of service and then you will receive a bill for the balance at a reduced rate that must be paid within 45 days. If you are unable to pay the balance, please contact us immediately to discuss your options.

### **Medicare Patients**

ARMC Physicians Care, Inc. accepts Medicare assignment and we will bill your secondary insurance if you provide us the proper insurance information. You are responsible for the applicable coinsurance and deductibles, and charges for non-covered services.

### **Medicaid Patients**

ARMC Physicians Care, Inc. accepts Medicaid assignment. A current Medicaid card must be presented at each visit and you will be required to pay the co-pay at the time of service. If you have exceeded the legislative limits for the year as set forth by Medicaid, you will be held responsible for the charges. If you have "Carolina Access" please be sure to bring your referral from your Primary Care Physician/Facility.

### **Private Insurance Patients**

ARMC Physicians Care, Inc. accepts assignment for most major insurances. You will be required to pay applicable co-payments at the time of service and you are responsible for any coinsurance, deductibles, and payments for non-covered services.

### **HMO/Managed Care Patients**

If ARMC Physicians Care, Inc. participates with your insurance you will be required to pay the applicable co-pay at the time of service. When required by your HMO/Managed Care plan, you are responsible for obtaining a referral from your Primary Care Physician. If you do not have a proper referral, you may be required to reschedule your appointment. If services are rendered without a valid referral authorization you will be responsible for payment.

### **Liability Insurance**

If you are involved in an accident, we will be pleased to provide medical care for you. In most cases, we do not, however, file claims with third-party liability insurance plans.

### **Methods of Payment**

We accept cash, check, VISA, MasterCard, and Discover. We do not accept post-dated checks, nor will we hold checks for any length of time.

### **Returned Checks**

There will be a \$25.00 returned check fee assessed for any and all checks returned from the bank for any reason.

### **Minor patients**

For all services rendered to minor patients, the legal guardian accompanying the patient is responsible for payment.

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**Past Due Balances**

Patients with a past due balance at the time service will be asked to pay the prior balance in full before being seen. If the balance cannot be paid in full, then we may consider monthly payment arrangements.

**Information Changes**

Please advise us of any address, phone number, and insurance changes promptly.

**Form Completion Charge**

You will be charged a minimum of \$25.00 for any forms you request the physician/nurse to complete (i.e. disability forms). This payment will be due at the time the completed forms are given to you.

**Refund Policy**

You may request a refund after all pended insurance claims have been processed. Any remaining credits on the account will be applied first to open balances and then can be refunded to the patient.

**Collection Procedures**

Members of our billing department are always available to help you with questions and concerns about your bill. Prompt payment for services rendered is expected and failure to comply or respond to repeated communications from our office may result in discharge from the practice and/or involvement of an outside collection agency. Once an account has been referred to an outside agency, prior balances must be resolved before being seen by a physician.

I have read and agree to the financial policies set forth by ARMC Physicians Care, Inc.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

