

# STATEMENT OF PATIENT FINANCIAL RESPONSIBILITY

## TOTAL URGENT CARE LLC

The doctors and staff of Total Urgent Care appreciate the confidence you have shown in choosing them to provide for your health care needs. We are committed to providing you with the best possible medical care. The service you have elected to participate in implies a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our services. As a courtesy, we will bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of services and care received under the care of Total Urgent Care, LLC..

### **PAYMENTS**

1. All co-payments, co-insurance and deductibles are due and payable PRIOR to services being rendered and is required by your insurance to be paid at each visit.
2. If you do not know your co-pay we will collect a minimum fee of \$30.00. Our billing department will bill or credit your account accordingly after your insurance pays their portion. If you are not prepared or unable to pay your co-payment prior to your visit, we will kindly reschedule your appointment for a more convenient time
3. Overpayments will be refunded after all charges have been processed and paid by your insurance company. A refund check will be written and mailed within 30 days of your verbal or written request.
4. There is a \$30.00 service charge on all returned checks. After receiving a returned check, Total Urgent Care will only accept cash, money order or credit card.

If you fail to meet financial obligations agreed upon in this financial policy or other payment arrangements made with Total Urgent Care LLC., your outstanding balance will be sent to a collection agency and the complete balance will have to be paid before receiving any further treatment. Your future status with this office will be considered at that time and may lead to being discharged from Total Urgent Care LLC. If you have any questions, please contact Robin in the billing department at 586-745-0322.

### **INSURANCE**

While the filing of insurance claim is a courtesy that we extend to our patients, it is your responsibility to:

1. Bring your insurance card to each visit
2. Notify our office of any changes to your insurance
3. Know your co-pay and be prepared to pay at each visit
4. Know your insurance company benefits and coverage
5. Determine if doctor(s) are network providers prior to visit
6. Pay for any amounts not covered by your insurance

**I have read and understand Total Urgent Care LLC's Statement of Patient Financial Responsibility. I agree to assign insurance benefits to Total Urgent Care LLC. whenever necessary. I authorize Total Urgent Care LLC to release information to a collection agency or attorney. In the event of nonpayment or default, I am responsible for all costs and reasonable collection and/or attorney fees. Total Urgent Care LLC. reserves the right to change or amend this statement at any time and at its discretion.**

Signature of responsible party: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_