

Patient Name

Date of Birth

Patient ID #

Statement/Acknowledgment of Financial Responsibility

We appreciate you choosing us as your healthcare provider. Payment for services rendered is considered part of your overall treatment. Thus, your understanding of the following financial policies is important to our professional relationship.

Private Insurance Benefits and Coverage Disclosures

As a courtesy, Tarrant Medical, P.C. will assist in filing insurance claims as appropriate, but this in no way guarantees that any benefits will be paid by the patient's insurance company. Your insurance benefit is a contract between you and your insurance company. You are responsible for notifying Tarrant Medical, P.C. of any insurance coverage and any changes in your insurance coverage. Tarrant Medical, P.C. will assist with, but is not responsible for, obtaining any needed insurance referral(s) or prior authorization(s). Required insurance referral(s) or prior authorizations (s) are ultimately the responsibility of the patient. All efforts relating to the collection of the patient's insurance benefits are for the patient's convince and do not represent a guarantee of collection or a credit to the patient's account until such time as payment is received by Tarrant Medical, P.C..

The patient's insurance plan's eligible charges or maximum allowed amount(s) are the most the patient's insurance company is required to pay under the terms of the patient's insurance plan. These eligible charges or maximum allowed amounts are determined by the patient's specific insurance plan. Under many insurance plans, Tarrant Medical, P.C. is a non-contracted provider and may not have information about the patient's insurance plan's eligible charges or maximum allowed amount(s) until after a claim has been processed. As a non-contracted provider, Tarrant Medical, P.C. may bill the patient or his or her parents, guardians, or personal representative for any fees relating to care received at Tarrant Medical, P.C. that are not paid by the patient's insurance company even when the patient's insurance carrier has paid the plan's eligible charges or maximum amount(s) for those services.

If the patient no longer meets the plan's qualifications or if the criteria of the plan's benefit guidelines are not met (including but not limited to, referral or prior authorization procedures, benefit exclusion and/or eligibility, etc.), the patient or his or her parent, guardian, or personal representative will be responsible for payment of all non-covered claim charges relating to the care provided by Tarrant Medical, P.C.. If the patient is not able to provide proof of insurance at the time of appointment or if insurance is not able to be verified, the patient or his or her parent, guardian, or personal representative will be responsible for payment.

All services provided must be paid for, regardless of whether the patient's insurance company covers those services. The patient or his or her parent, guardian, or personal representative is ultimately financially responsible for all charges not covered by insurance payments.

Private Pay/Self-Pay Patients

If the patient does not have insurance coverage of any kind, the patient or his or her parent, guardian, or personal representative will solely be responsible for payment of all charges relating to the care provided by Tarrant Medical, P.C..

Payment Due Dates and Policies

Regardless of whether or not the patient has insurance coverage, the patient or his or her parent, guardian, or personal representative is ultimately responsible for payment for services rendered by Tarrant Medical, P.C.. It is the policy of

Tarrant Medical, P.C. to collect payment at the time the service is rendered, including co-pays, deductibles, payment for non-covered services, and payments by private pay patients. In addition for patients having an outstanding balance at the time of an appointment, payment of the outstanding balance is due prior to any additional services being rendered. Payment may be made by cash, check, or credit/debit card.

If the patient or his or her parent, guardian, or personal representative is unable to pay the amount due in full at the time of the appointment, the following procedures shall apply:

- Tarrant Medical, P.C. will accept payment of one-third (1/3) of the amount due at the time of the appointment. An additional one-third (1/3) is due thirty (30) days later, and the final one-third (1/3) is due thirty (30) days after that.
- If the patient is unable to pay one-third (1/3) of the amount due at the time of the appointment, established patients may be allowed to enter into a payment plan agreed to by Tarrant Medical, P.C..
- If the patient is unable to pay any of the amount due at the time of the appointment, in non-emergent situations, the patient will be asked to reschedule their appointment for a later date when payment can be made.

In the event that a filed insurance claim has not been paid within a reasonable amount of time, the patient or his or her parent, guardian, or personal representative will be billed and responsible for payment. If Tarrant Medical, P.C. later receives payment from the insurance company, the refund procedures discussed below will apply.

Any amounts due that are not paid timely may be turned over to an attorney or collection agency. The patient or his or her parent, guardian, or personal representative is responsible for all collection and attorney fees, as well as finance or interest charges, associated with such accounts.

Tarrant Medical, P.C. reserves the right to impose a charge for all returned checks. Tarrant Medical, P.C. reserves the right to impose finance charges on overdue balances. In the event that a check is returned making an account balance overdue, both a returned check charge and finance charge may apply.

In the event the patient or his or her parent, guardian, or personal representative has overpaid on an account, any credit balance will be applied towards an outstanding balance. In the event the patient does not have an outstanding balance, a refund will be made in accordance with Tarrant Medical, P.C.'s refund policy.

Acknowledgement

By signing below, I acknowledge the following:

- I have read and understand the information contained in this Statement/Acknowledgment of Financial Responsibility.
- I was provided with the opportunity to ask questions about the information contained herein. Any questions asked have been answered to my satisfaction.
- I understand that I am financially responsible for all charges for services rendered that are not covered by insurance.
- The decision to receive care from Tarrant Medical, P.C. was voluntary.

Patient Signature

Printed Name

Date

Parent/Guardian/Rep. Signature
(If Applicable)

Printed Name

Date