

Office Financial Agreement

The following describes our financial policy. All patients are ultimately responsible for payment of all charges and must sign this AGREEMENT, a copy of which will be kept in your record.

HEALTH INSURANCE

We will bill MEDICARE and your PPO Health Plan (if we are contracted with them) as a courtesy if you present:

- A valid, current insurance card
- Valid identification
- Payment of **co-payment** when checking into the office, **co-insurance** when leaving the office, and/or unmet **deductible**.
- Your copayment applies towards the office visit **only**. All other services may have an additional copayment which is determined at the time your claim is processed.
- Verification of insurance coverage is **not** a guarantee of payment. The patient is responsible for all denied charges. Any insurance disputes are between the patient and their insurance carrier.
- Our office does not accept insurance only as payment in full and cannot make adjustments to your account if charges are applied towards your deductible.
- **The patient's insurance coverage is a contract between the patient and their insurance carrier NOT a contract between Laguna Dana Urgent Care and the insurance carrier. It is the patient's responsibility to understand their insurance coverage, all policy limitations and preferred providers under their policy.**
- **Laguna Dana Urgent Care employees are not responsible for providing the patient with an explanation of their coverage, co-payments, deductibles or pre-existing conditions. Please note: Any services provided under EPO coverage will be considered out-of-network unless otherwise advised by the patient's insurance carrier.**

CASH PATIENTS

Cash patients must pay, in full, at the time of service. A discount of 20% will be given for the office visit portion of the total charge. We accept cash, check, VISA, Mastercard, American Express, and Discover.

PAYMENT RESPONSIBILITY

If insurance payment is not received in full within 45 days of the date of service, the patient is responsible for payment. We will bill this to a credit card of your choice (see below). In the following circumstances we require payment in full at the time of service.

- Whenever we are unable to verify insurance eligibility.
- If you are involved in an auto accident.
- If you have out of state insurance that we are not contracted with.

REFUNDS

Any overpayment will be refunded within 30 days of the insurance payment; however if there is an outstanding balance the overpayment will be applied.

RETURNED CHECKS

There will be a \$35 fee for returned checks.

I have read the above AGREEMENT and understand and agree to its terms. I also authorize Laguna Dana Urgent Care (LDUC) to furnish information to insurance carriers concerning my treatment and I hereby assign all payment for services rendered.

Patient/Guardian Signature: _____

Date: _____

Credit Card #: _____

Exp Date: _____