

Patient Financial Responsibility Form/Self-Pay Waiver

Thank you for choosing IM | HEALTH for your medical needs. We are committed to providing you the highest quality healthcare. We ask that you read, make the appropriate selection, and sign this form to acknowledge your understanding of our patient financial policies.

Patient Financial Responsibilities

The patient (or patient's guardian, if a minor) is ultimately responsible for the payment for treatment and care.

PLEASE CIRCLE ONE BELOW:

1. Circle #1 here if you agree to the **self-pay rate for services rendered, at time of service.**
2. Circle #2 here if you elect to use available medical insurance for visit coverage. Self-pay rates **will not** apply after date of service.
 - We will bill your insurance for you, however the patient is required to provide the most correct and updated information regarding insurance.
 - Patients are responsible for payment of copays, co-insurance, deductibles, and all other procedures or treatment not covered by their insurance plan.
 - Copayments are due at the time of service.
 - Coinsurance, deductibles and non-covered items are due after your insurance(s) have responded.
 - Patients may incur, and are responsible for payment of additional charges, if applicable.
 - **A VALID CREDIT CARD ON FILE WILL BE REQUIRED PRIOR TO SERVICES.**

By my signature below, I hereby authorize assignment of financial benefits directly to **IM | Health** and any associated entities for services rendered as allowable under standard third party contracts. I understand that I am financially responsible for charges not covered by this assignment. **I also accept the fees charged as a legal and lawful debt and agree to pay said fees, including any/all collection agency fees, if such be necessary.**

Patient Name: _____ **Date:** _____

Patient/Guardian Signature: _____

Payment Policies

Broken Appointment Policy:

For family medicine and physical medicine divisions, we require 24 hours' notice to cancel or reschedule any kind of appointment in our office or via telehealth. Without this notice, we cannot provide care to another patient who may need medical treatment. A \$75 charge will be processed for broken appointments; repeat offenders may be dismissed from the practice.

New Payment Policy: Effective April 1st

We are dedicated to providing exceptional health care – we are not a collection service.

Patients are responsible for all monies owed after insurance has been billed. We stand behind our billing services and are happy to answer any questions about charges made to your account. Please call the office, select option 1, and ask to speak with a billing manager.

- *A valid credit card or HSA card is required to keep on file prior to receiving services.*
- *Patients are required to provide the most correct and updated information regarding insurance so that insurance can be billed.*
- *Copayments are due on the day of service. For Telehealth visits, the credit card on file will be charged.*
- *Patients are responsible for payment of copays, co-insurance, deductibles, and all other procedures or treatment not covered by their insurance plan and are due after insurance(s) have responded. The credit card on file will be billed and you will be sent a statement of payment.*

Collections Policy:

If we have issues with the credit card payment, we will reach out to you via telephone to resolve the issue. If still unresolved, a statement will be mailed. Ultimately, if payment is not received in a timely manner, the account will be forwarded to Arcadia Collections Bureau.