

Financial Policy

Patient Name:

Date of Birth:

As a patient of SNBCare, I understand that paying my bill is a part of my treatment process and it is important that I understand the following:

- SNBCare provides me an estimated patient responsibility before my appointment. But I do understand that this is an estimated financial responsibility and final determination can only be calculated once the claims are processed from my Insurance.
- I do take complete financial responsibility of the amount applied by my insurance.
- Co-pays must be paid at the time of my visit. SNBCare accepts payment in the form of cash, checks and/or credit cards.
- Deductibles and co-pays are the responsibility of the patient and must be paid. I understand that payment arrangements can be made based on financial need.
- In order to prevent co-pay balances from accruing, any unpaid co-pay must be paid no later than my next follow up visit.
- I may be charged a fee of \$20 for reprocessing returned checks due to insufficient funds.
- It is the patient's responsibility to provide accurate insurance information, including any secondary insurance, at the time of the patient visit.
- If my insurance requires a referral from my primary care physician, it is my responsibility to obtain this referral.
- If applicable, SNBCare reserves the right to reschedule any appointments if there is no valid referral for the date of service.
- SNBCare reserves the right to reschedule an appointment if my insurance is inactive on the date of service.
- Medicare requires a 20% co-insurance at the time of the visit unless the patient holds secondary insurance.
- If patient's insurance company fails to pay the medical bill within 90 days due to reports of inaccurate information or non-covered service, the bill will be transferred to the patient.
- For requested printed paperwork, letters or other documentation, a minimum fee of \$5 will be charged.
- If I do not have insurance, SNBCare has payment options available as it is very important that payments be made on a consistent and timely basis to avoid any disruption of service.
- If payments have not been received as per the payment schedule agreement or if the account has outstanding payments for 90 days, patient account information will be turned over to a collections agency, unless prior arrangements have been made.
- In the event that a patient fails and/or refuses to make all payments due to SNBCare, treatment may be interrupted or placed on hold until the balance is paid in full.
- If a patient fails/refuses to pay a balance, the patient shall be responsible for all costs of collection.

I have read SNBCare's Financial Policy and by signing below, I indicate that I understand and agree to comply with the policy. I understand that failure to comply will result in interruption of my treatment until my account is in good standing.

Patient/ Authorized Representative Signature:

Date:

Relationship of Authorized Representative: