

## **FINANCIAL POLICIES**

We are dedicated to providing the best possible care for you and we want you to completely understand our financial policies.

1. Co-payment is due by cash, check, or credit/debit card (Visa, MC, Discover, and American Express) at the time of service unless arrangements have been made in advance.
2. Keep in mind that your insurance policy is basically a contract between you and your insurance company. As a service to you, we will file your insurance claim if you assign the benefits to Dr. Siruvella (which means have your insurance company pay the doctor directly). If your insurance company does not pay within a reasonable period, we will have to look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you.
3. If you owe us money due to insurance, we have a loan agreement and promissory note that will allow you to pay Dr. Siruvella off within a 6 month period with 0% interest. Also, the minimum monthly payment has to be \$25.
4. We have made prior arrangements with many insurance companies and other health plans to accept an assignment of benefits if we are your primary care physician. We will bill them and if required you will pay your co-payment at the time of your visit, per your insurance company.
5. If you are insured by a plan that we do not have a prior arrangement with, we will send the claim for you on an assigned basis. This means the insurer will send payment to you. Therefore, any charges due will be your responsibility at the time of service.
6. Not all insurance plans cover all services. In the event that your insurance plan determines a service to be “not covered” you will be responsible for the complete charge. Payment will be due upon receipt of a statement from our office.
7. We will bill your insurance company for all services provided by or on behalf of Dr. Siruvella. You are responsible for any balance due.

8. This is to inform you that Dr. Siruvella sends all labs to an outside laboratory (Quest and LabCorp). We will send your insurance information with your labs, however, if your insurance does not cover labs through these companies you will be responsible for the cost of the labs.

I HAVE READ AND UNDERSTAND THE PRACTICE'S FINANCIAL POLICY AND I AGREE TO BE BOUND BY ITS TERMS. I ALSO UNDERSTAND AND AGREE THAT SUCH TERMS MAY BE AMENDED BY THE PRACTICE FROM TIME TO TIME.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_