

WellSpring Family Practice

Financial Agreement

WellSpring Family Practice (WSFP) appreciates the opportunity to provide health care services to you. We recognize that payment for services has become more complex over the years. Ensuring proper payment on your account is a joint responsibility between those financially responsible and the provider. Therefore, we would like to briefly outline your role in this process.

By executing this agreement, you are agreeing to be held financially responsible for all services received in accordance with this policy.

Financial Responsibility

You are obligated to assure WSFP that your insurance company (if applicable) will pay for the services rendered, or you will pay for these services yourself. WSFP will send statements as a courtesy to the address on file and the balance is to be paid within 30 days.

Insurance

Your coverage is an arrangement between you and your insurance plan. It is your responsibility to understand your coverage. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of eligibility, coverage, and total balance payable from you. All copayments or payments toward deductible will be collected on the day services are provided if applicable. Any remaining balances will be due and payable within 30 days of your insurance plan determining your responsibility.

Self-Pay

If you do not have insurance coverage or you are covered by a plan that we do not participate with, you will be required to pay the day services are provided and a 25% discount will be available for those that qualify.

Returned Checks

A fee of \$35 will be charged for any checks returned by the bank for insufficient funds.

Insurance Coverage Key Points

- It is your responsibility to understand your coverage including required copay and deductibles.
- Payment of copay/deductibles will be collected the same day as services are provided.
- If there is a remaining balance after your insurance processes you are responsible for payment.
- Unpaid balances may be subject to 9%APR interest and may require assignment to a Collection Agency and/or dismissal from WSFP.

Delinquent Accounts

If you are unable to pay your balance within 30 days please contact our office regarding your account. The number will also be provided on your statement. If we do not receive payment in full or contact from you regarding your unpaid balance within 60 days you may be held responsible for Finance Charges of 9% APR, potential assignment to a Collection Agency, dismissal from WSFP, and/or any attorney fees incurred in resolving your account.

By my signature, I indicate that have read this policy, understand its content, and agree to its provisions.

Printed Name of Person Financially Responsible

Date

Signature

Patient Name / Account Number