Patient Financial Policy

COASTAL MEDICAL

It is the policy of Coastal Medical, Inc. to provide you with information related to our billing processes and your financial responsibilities as our patient. This policy helps us in our mission to provide you with exceptional medical care in the most cost-effective manner.

Things to bring with you to each visit:

1) Current insurance card(s)

2) Photo identification

3) Your preferred method of payment for any cost shares due at the time of service

Insurance Companies: Participation and Billing

1) While Coastal Medical, Inc. participates with the majority of third-party insurance plans available in our area; it is **your** responsibility to verify that your physician is currently participating with your plan and that you have obtained all necessary referrals **PRIOR** to your scheduled appointment. You are responsible to designate your physician as the PCP with your insurance plan. Failure to do so may result in your responsibility for any incurred charges.

2) You will be asked to provide your insurance card(s) at every visit. This is to ensure that the information we have on file is correct, and that your plan is current.

3) The Practice will submit claims to your primary and secondary insurance companies whether we participate or not, as a courtesy to you.

4) Except where my plan provides for automatic payment of benefits to the provider of services, I authorize payment of benefits, otherwise payable to me, for services rendered by Coastal Medical, Inc. I understand that I am ultimately responsible to the provider for charges not covered by my benefit plan.

5) Due to the wide range of insurance plans, we are unable to quote specific plan benefits. To fully understand your individual insurance plan, please contact your insurance company directly to discuss your plan's benefits.

Time of Service Payments

1) Co-payments, deductibles and coinsurance are part of the contractual agreement between you and your insurance company. Your insurance company requires us to collect your co-payment in full at the time of service. If your plan also has a deductible and/or coinsurance that hasn't been met, we may collect a deposit of $100.00 (since we can only estimate the future amount due) at the time of service.

2) Patients without medical insurance coverage (self-pay patients) are responsible for any and all charges that result from professional or medical services provided by our physicians. Payment is due when services are rendered, unless other payment arrangements have been approved.

Collections

1) The practice reserves the right to consider delinquent patient accounts for external collection efforts in accordance with state and federal regulations.

By signing below, I acknowledge that I have read, understand, and accept the policy.

Print Name: _____ Date of Birth: _____/_____/_____
mm dd yyyy

Signature: _____ Date: _____/_____/_____