



FINANCIAL POLICY

Thank you for choosing us as your health care provider!

The following is a statement of Financial Policy which we require you to read and sign prior to any treatment.

Medical services require a commitment of time, energy, and financial resources to accommodate your needs.

****** If you have health insurance, we will verify your benefits and eligibility.

This verification is not a guarantee of payment and ultimately you are responsible for any changes or updates to the insurance plan.

Insurance Agreement:

Your insurance coverage is a contract between you and your insurance company. If we are a contracted provider with your managed care company, we will handle your claims according to our agreement with your particular company. As a courtesy to you, we are happy to file your primary and secondary insurance. If you have more than two insurance companies, you will be responsible for filing the third insurance.

Payment deductibles, co-payments and any non-covered services are due at the time of service. In the event deductibles and/or copayments cannot be verified at the time of service, you will receive a mailed statement and are expected to render payment upon receipt. Non-insured patients are expected to pay in full at the time of service.

Minors:

The adult accompanying a minor is responsible for full payment or make arrangement for payment at the time of visit. A parent or legal guardian must accompany a minor for their initial visit.

Delinquent Accounts:

I agree to be financially responsible for any unpaid balance due to Endure Urgent Care for services and fees rendered. I understand that even though I have insurance, some services may not be covered under that insurance plan. If this occurs, I agree to pay the full amount due for services and fees.

I grant permission to Endure Urgent Care, its agents or assignees, to discuss my account with and release any information to any third-party payor via the U.S. Postal Service, fax, or any electronic media in order to assist in the payment of any balance due, or otherwise verify personal information provided.

*Also, it is understood and agree Endure Urgent Care reserves the right to assess a monthly finance charge, in accordance with Law, to any unpaid balance due. Further, it is agreed that should Endure Urgent Care determine that it is necessary to employ a collection agency to recover any unpaid balance owed, I agree to pay any and all collection fees and costs expended to effect recovery including any and all attorney's fees assessed by any court.

ASSIGNMENT of BENEFITS / RELEASE OF MEDICAL INFORMATION

I hereby authorize and request that payment of benefits by my primary insurance company and my secondary insurance company be made directly to Endure Urgent Care for services furnished to me or my dependent. I understand that my insurance company may only cover a portion of the total bill. I further understand that I may be responsible for all charges not covered by this assignment.

In addition, I authorize Endure Urgent Care to disclose any and all written information from the above-named insurance company and/or its designated representatives for reimbursement purposes for those services rendered.

I hereby release Endure Urgent Care, its officers, agents, employees and any clinical staff associated with my case, from all liability that may arise as a result of disclosure of information to the above-named insurance company or designated representatives pertaining to its payment for services billed on my behalf.

By signing this Assignment and Release document I acknowledge the following:

- I understand that this information will not be used unless the above -named insurance company or their designated representatives request records of information for reimbursement purposes; or seek to take action in reference to payment for services;
- I agree to participate and assist. Endure Urgent Care and its designated representatives with any appeal process necessary to collect payment(s) for services rendered on my behalf;
- I have been advised of the provision of Federal and state Statutes, Rules and Regulations that protect the confidentiality of my medical/clinical records;
- I understand that this Assignment and Release document is an authorization and subject to revocation at any time, except that action has been taken in reliance thereof;
- I accept that his Assignment and Release document is valid while I am a patient at Endure Urgent Care and that it's my responsibility to keep the practice up-to-date with any insurance benefit changes;
- Endure Urgent Care is filing for insurance benefits to the above-named insurance company and it cannot assume responsibility for guaranteeing payment of any charges from the insurance company;
- Endure Urgent Care has the right to contract with a third-party to handle any billing and/or collection purposes;
- If an overpayment takes place, a refund check will be mailed to the authorized party that is due the overpayment;
- Endure Urgent Care shall be entitled to the full amount of its charges without offset
- I may request a copy of this signed Assignment and Release document

Printed Patient Name

Date

Patient Signature