

Phone: 407-688-9446 or Fax: 407-688-9448

## **PATIENT FINANCIAL AND PAYMENT POLICY**

Thank you for choosing Florida Arthritis Center, PL (FLAC). We have written this policy to keep you informed of our current financial policies. If you have questions regarding these policies please contact our billing department.

**INSURANCE:** We are contracted with many insurance carriers but it is patient's responsibility to make sure we are contracted with their insurance companies. It is your responsibility to know your insurance policies/benefits. If authorization is required for your visit from your insurance carrier then you are responsible to inform us prior to your visit. You are responsible for unpaid balances. You must provide with your insurance card at every visit. As a courtesy to our patients, we bill your insurance company.

If payment is not received by your carrier within sixty (60) days, (FLAC) will request a payment from you in full. All payments received from your carrier after you paid will be promptly refunded. If you feel the bill received is in error, then please contact our office immediately so we can look into this matter.

At the time of services, you will be responsible for all fees that are not covered by your insurance, including copays, co-insurance, deductibles and non-covered services. The co-pays cannot be waived by our office since it is a requirement placed on you by your carrier. We will strive to be as accurate as possible in calculating your responsibility but it might not be exact at the time of your service. You may receive a statement from our office for any balances due. For your convenience, we accept cash, checks, and credit cards (Visa, Master Card, and Discover). We can accept payment by phone or you can make a payment online by visiting: [www.flrheum.com](http://www.flrheum.com)

**Credit & Finance Charge Policy Agreement:** I understand that I am financially responsible for all charges regardless of third party involvement. I agree to pay any deductible, co-insurance or copays or any services deemed a "non-covered benefit" by my insurance carrier at the time the services was rendered.