FINANCIAL POLICY

Thank you for selecting Florida Wellness Group as your healthcare provider. We are committed to providing you the best possible care. Your clear understanding of this financial policy is important to our professional relationship. Our staff will be pleased to discuss our fees and this policy with you at any time. Please read and sign this policy prior to being seen.

1. Payment for services is due at the time services are rendered. For any of your portion that is not covered by insurance, or for our private pay patients, we accept cash, check, MasterCard and VISA.

2. Federal guidelines (Red Flag Rules) require us to have proof of identification of the patient prior to treatment.

3. We are contracted with many insurance plans. Please present your insurance card at the front desk so that we can accurately determine your benefits and file a claim on your behalf. We will follow the insurers guidelines for submission of claims, co-cap amounts, and reimbursements. Any contractual differences will be deducted from your balance. Patients covered by any type of insurance plan should remember that they are responsible for all charges incurred, regardless of their plain coverage.

4. Please beware if a balance remains unpaid, we may refer you to a collection agency. You and immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. Our practice is committed to providing the best treatment for our patients. Partial payments will not be accepted unless otherwise negotiated.

5. Insurance claims: Florida Wellness Group; therefore, insurance claims are filed and covered under your Primary Care Provider (PCP) benefits. Please be aware that the balance of your claim is your responsibility regardless of the amount paid by your insurance. Insurance benefits are a contract between you and your insurance company; we are not party to that contract.

6. All charges are your responsibility whether your insurance company pays or does not pay. Not all services are a covered benefit in all contracts. Insurance companies and employers decide what procedures are covered benefits and which are not. Please check your insurance plan documents for any questions. Fees for uncovered services and unmet deductibles and copayments are due at time of treatment.

7. Your insurance policy is a contract among you, your employer, and the insurance company. We are not party to that contract. Our relationship is with you. We cannot become involved in disputes between you and your insurer regarding deductibles, copayments, covered charges, secondary insurance, and “usual and customary charges.”

8. Returned checks and balances older than 90 days are subject to placement with a collection agency.

By signing below, you acknowledge that you have received this notice and understand this policy.

Patient signature: _____ Date: _____