



ORLANDO MEDICAL CENTER

7800 LAKE UNDERHILL ROAD
ORLANDO, FL 32822
Ph: (407) 282-2244 ◊ Fax: (407) 282-2002

PATIENT FINANCIAL AGREEMENT

PLEASE READ THOROUGHLY AND SIGN BELOW

In consideration of the receiving services from Orlando Medical Center, PL, You Agree:

1. All services are provided to you with the understanding that you are responsible for the cost regardless of your insurance coverage. If you would like to know the cost of a service, please inquire prior to treatment. Please be aware that not all services are a covered benefit with different insurance companies. You are responsible for knowing what services are or are not covered. **KNOW YOUR BENEFITS.**
2. **Upon check-in**, we will collect your deductible, co-pay, and payment for any uncovered services as well as the patient's portion as determined by insurance. We accept cash, check, and credit card of Master Card, Visa, Discovery & American Express.
3. Your insurance policy is a contract between you, your employer, and the insurance company! We are NOT a party to that contract. **If not inform our office our insurance coverage or company changes, it is your responsibility to notify this office immediately. There will be a \$100 penalty fee if you do not inform us the changes in advance.**
4. You are responsible for knowing, if a referral is required. Make sure you know what physicians are in your plan, what facilities are covered and what ancillary services you must use. (Such as laboratory, hospitals etc.) If we can be of assistance, please let us know.
5. We will bill your insurance company once as a courtesy, but you are still ultimately responsible for payment of all services you receive. If your insurance company does not respond within 30 days we will follow up with a inquiry on your behalf. If, however, your insurance does not respond within 60 days of claim submission, a statement will be sent to you. You should call your insurance to question why the claim is not paid. Our office will assist you only after you have contacted your insurance.
6. If your medical claim has not paid and your insurance company has not resolved your dispute you may register a complaint with the Florida Department of Insurance. Our office will do everything we can to assist you however; you must understand you cannot delay payment while you are awaiting the outcome of your complaint.
7. Any unpaid charges over 90 days old will turn to outside collection agency with additional collection agency fee. You are responsible for any collection fees, legal fees, or court costs incurred in the collections process. This agency will report your failure to pay to the THREE (3) national credit reporting agencies.
8. Due to large volume of cancelled appointments, there will be a minimum charge of \$25.00 if the office is not notified one business day prior to the appointment date, so please contact the office during hours of 9:00 am to 5:30 pm if you should need to cancel.

No show patients will also be charged a fee of \$25.00.

Remember, these charge is not billable to your insurance company; this is your full responsibility.

9. We don't do refill prescription over to phone to prevent any medical errors, therefore please be sure to have all prescriptions filled at the time of your appointment with your physician.
10. We have facility and administration charges for blood draw, surgical tray, durable medical equipment and etc. These services offered for our patient convenience and are not billable to your insurance company; they are your full responsibility.
11. Returned checks are subject to a \$25.00 return check fee.

We do understand that temporary financial problems may affect timely payment. We encourage you to communicate any such problems so that we can assist you in the management of your account.

Patient/Guardian Signature

Date