

COASTAL CAROLINA BARIATRIC CENTER

FINANCIAL POLICY

As your physician, we are committed to giving you the best possible medical care. To achieve this goal, we need your assistance and understanding of our payment policy.

We ask that all services be paid at the time of service. If you have insurance, please present your insurance card for verification. If your insurance changes, please notify us immediately.

FINANCIAL AGREEMENT: We will be glad to discuss your proposed treatment and the cost of those services. If you have questions if your insurance will cover a medical service, we will be glad to try to find out if the insurance will cover for those services. **HOWEVER**, please be aware that your insurance is a contract between you, your employer (if applicable), and the insurance company. We are not a party to your contract. Unfortunately, not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover (e.g.: yearly physicals).

ALL CHARGES FOR SERVICES ARE YOUR RESPONSIBILITY AT THE TIME OF SERVICE.

On any balance on your account after 90 days, collection action will be taken. We realize that emergencies do arise and may affect timely payments on your account. If such extreme cases do occur, please contact our insurance office promptly for assistance in the management of your account.

I HAVE READ, UNDERSTAND, AND AGREE TO THE FINANCIAL POLICY FOR COASTAL CAROLINA BARIATRIC CENTER.

Patient Signature

Date

Witness Signature

Date