

# Myers Sports Medicine and Orthopaedic Center, L.L.C.

## PAYMENT POLICY

As a part of our commitment to offer excellent medical and professional care to you and your family, we would like to present our office payment policy in order to minimize misunderstandings about fees.

As a courtesy, we will file all applicable charges with your insurance carrier(s). By your signature below, you authorize and request that insurance payments be made directly to Myers Sports Medicine & Orthopaedic Center. However, you acknowledge that you are ultimately responsible for all charges. We advise that you familiarize yourself with the benefits of your insurance plan. Prior to any procedure, we will assist you in determining your portion of the bill. This usually includes any un-met deductible, co-payment, or co-insurance, which are to be paid prior to the procedure.

Please carefully review the information found below.

1. Payment is due at the time service is rendered, unless other arrangements have been made prior to the services being rendered. This includes co-pays, which are commonly collected at the time of check-in or check-out.
2. We accept cash, check, and most major credit cards. There is a 4% fee to pay via credit card. Additionally, a \$50 processing fee will be charged for any returned checks.
3. Any changes to your registration information must be brought to the attention of the office staff before your appointment. The correct information is critical for billing purposes.
4. If you have insurance, please keep in mind that your insurance is a contract between you and your insurance company. Our office cannot guarantee that your carrier will pay your claim. If your claim with your insurance company is denied, the obligation for the payment is the responsibility of the patient. Our office will not enter into a dispute with the insurance carrier over a claim, but we will be happy to assist wherever possible.
5. If an insurance payment is mistakenly sent to the patient instead of the office for services rendered, the patient is expected to provide payment within 10 days of receipt along with the Explanation of Benefits (EOB).
6. All cancellations of an office visit must be made greater than 24 hours prior to the scheduled appointment. Cancellation within 24 hours will result in a fee which is not covered by insurance.
7. In the case of financial hardship, our office will work with the patient to arrange a method of payment for services.

I have read, understood, and agree to all of the above.

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Patient Name (please print)

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Date

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Signature of Patient/Responsible Party