

Gulf Coast Pulmonary and Sleep

Financial Policy

Welcome to Gulf Coast Pulmonary and Sleep and thank you for choosing us as your healthcare provider. We are fully committed to providing you with the best possible care. In order to establish optimal relations with our patients and avoid misunderstanding and confusion regarding our payment policies, our billing staff is fully trained to consistently inform you of the financial payment policies of this office. The following is a statement of our financial policy, which we require you to read carefully and sign prior to any treatment.

Payment is required for all services at the time they are rendered unless you are in a prepaid plan (HMO) in which we participate. For those patients in an HMO or PPO plan, applicable co-payments and deductibles will be collected at the time of service. NOTE: IF YOU ARE A MEMBER OF AN HMO YOU ARE RESPONSIBLE FOR AND MUST PROVIDE TO THIS OFFICE THE APPROPRIATE AUTHORIZATIONS FOR TREATMENT.

We accept CASH, CHECK AND CREDIT CARD.

Regarding Insurance

It should be recognized that regardless of any insurance coverage you are responsible for the balance of your account for any and all professional services rendered. We file insurance claims as a courtesy to our patients. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, non-covered services, usual and customary charges, secondary insurances, etc., other than to supply factual information as necessary.

In the event of hospitalization or major procedures our office will file with the appropriate insurance. However, before such claims are filed, coverage will be pre-verified and you will be expected to pay any estimated deductible and co-payments. Please be aware that some or perhaps all of the services provided may be non-covered and not considered reasonable and necessary under your insurance program.

In the event that it becomes necessary to take your unpaid debt to collections, you agree to pay all collections costs, which may include but may not be limited to, collections agency fees, court costs, finance charges, attorney fees, as allowable by law for the collection of your account balance. You also agree we may contact you by any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any e-mail address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, if applicable.

I have read, understand and agree to this financial policy.

_____ DOB: _____ Date: _____

Signature of responsible party