

# Financial Policy

## Self-pay patients

Patients who are self-pay are to pay in full prior to seeing the practitioner. An itemized receipt is available.

## Insured patients

Your insurance policy is a contract between you and your insurance company. It is your responsibility to make sure we are accepted by your plan. Failure to disclose all active insurance health policies will result in claim denials and out-of-pocket patient responsibility. As a service to you, we will file your insurance claim, if you assign the benefits to our practice.

- a. At the time of service, **we require a credit card to be on file to cover charges not paid by insurance**. If you choose not to have a credit card on file, we will charge you our self-pay rates and you will need to file the receipt with your insurance company. Upon receipt of notification by the insurance company, we will transfer the balance to your credit card on file.
- b. **If you are required to pay a copayment it is due at the time of service**. If applicable, coinsurance/deductibles will be charged to your credit card on file after insurance claims are processed. In some instances, we will know in advance what to charge you for services.
- c. Not all insurance plans cover all services. **In the event your insurance plan determines a service to be “not covered”, you will be responsible for the complete charge.**
- d. **Combined Visits**: If you are scheduled for a preventive visit, and other health concerns are brought up that would typically require an office visit, your insurance company may consider these two separate visits and bill your co-pay and other charges accordingly.
- e. If your insurance company does not pay the practice within 90 days, we expect payment from you. The transfer of the cost will be put on your credit/debit card after 90 days. If we later receive a check from your insurer, we will refund any overpayment to you.

You will be responsible for the costs associated with any referrals for outside medical services. The practice reserves the right to bill you for any collection or attorney fees for unpaid debt.

**NO SHOWS** --The practice reserves the right to bill you **\$50.00 for appointments not cancelled 24 business hours in advance**. You will need to cancel by phone call (813) 948-7734 and not by email, text or the patient portal. A Monday appt would need to be cancelled on the previous Friday. New patients who fail to show will not be rescheduled.

**LATE FEE** -- If you are **10 or more minutes late to your appointment, out of respect for the other patients following your appointment, LifeChoices reserves the right to reschedule your appointment to a later time and a \$25.00 fee will apply.**

**SERVICE FEE FOR PAPERWORK** – You will be charged a **\$25.00 service fee for the completion of paperwork such as for FMLA, Disability, and the like.**

Fees will be directly billed to you and are not covered by insurance.

**AFTER HOURS/TELEHEALTH/E-VISITS** – Anticipate that there may be charges for after hours calls, for telehealth appointments and for e-visit interactions through the patient portal where the physician/nurse practitioner is providing medical services.

*I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.*

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**Signature of Patient (or Responsible Party)**

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**Date**