GOODLIFE MEDICAL CENTER, PLLC

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FINANCIAL POLICY STATEMENT

Thank you for choosing GoodLife Medical Center, PLLC as your healthcare provider. We are committed to providing you and your family with the best medical care possible. Please understand that payment of your bill is considered a part of your treatment. The cost of healthcare is rising and in order to keep the costs reasonable, our policy is to receive payment at the time of your visit.

INSURANCE
When we are a participating provider with your insurance plan, we will immediately file your office visit with your insurance plan. All co-payments and deductibles are due at the time services are rendered. You will be responsible for any amount your insurance plan states is due from the patient.

Regarding Insurance Plans in which we are NOT a participating provider, you are considered as a "self-pay" patient. Payment is due in full at the time of service and you will need to file your office visit with your insurance. If you have financial constraints, payment arrangements can be made prior to your actual visit.

PAYMENT METHODS/ LATE FEES/ FORMS:
The following payment methods will be accepted:
Cash, check, money order, VISA, or MasterCard. In the event my payment balance becomes more than 30 days past dues I agree that I will be assessed a $10.00 late/rebilling fee each month. *I agree that any outside forms that need to be completed by any physician will be assessed a fee of $30.00.

RETURN CHECK AND DECLINED CREDIT CARD FEES:
GoodLife Medical Center, PLLC. will charge a fee for all NSF associated with credit cards declines or returned checks. By my signature below, I understand and agree to pay an assessed fee of $30.00.

UNINSURED or "SELF PAY"
Do NOT let the lack of health care insurance deter you from seeking medical advice and treatment at our practice. An office visit Payment of $150.00 for new patients and $75.00 for subsequent visits, is due in full at the time services are rendered and any remaining costs will be billed to you accordingly. If you have financial constraints, payment arrangements can be made prior to your actual visit.

LAB TEST FEES:
Some lab tests may not be covered by the patients insurer(s) and upon verbal agreement with the patient (prior to completing the lab test), they may be billed for that lab if the insurer denies it. In such cases the fee charged shall be no more than $25.

REFERRAL FOR OUTSIDE COLLECTIONS:
Accounts which cannot be collected by GoodLife Medical Center, PLLC after normal in-house collection procedures, will be referred to a collections agency, magistrate, or attorney for further collections. By my signature below, I understand and agree that I will be responsible for all collection, court costs, or attorney fees.

USUAL AND CUSTOMARY RATES
Our practice is committed to providing the best treatment for our patients, and we charge what is customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

DISCOUNTS/CHARITY ALLOWANCES:
Accounts will not be reduced or discounted. If a patient is determined to be financially indigent, the Billing Department will assist the patient in applying for other financial assistance. If no source of financial assistance is available, the physician may review the account for a charity allowance. All charity allowance must be approved by the physician or practice administrator.

REFUNDS
Overpayments will be refunded to the appropriate party, normally the insurance company or guarantor. Patients' refunds will not be processed until all active or past due accounts are paid in full. Refunds of less than $5.00 will not be issued unless specifically requested.

By signing this statement I understand and agree to adhere to all regulations indicated.

_____ _____

(Patient Signature) (Date)