



## FINANCIAL POLICIES AGREEMENT (Assignment of Benefits)

Thank you for trusting **Southside Diabetes & Integrated Care** with your treatment needs. We are committed to providing you with the best patient care possible. Please carefully read through the following information, and do not hesitate to ask if you have any questions.

**INSURANCE:** Southside Diabetes LLC is contracted with the majority of the regional health plan networks so that our patients may benefit from in-network coverage. If we participate with a patient's insurance company, the contracted adjustment will be applied to the claims, thus reducing the cost of the treatment. While we attempt to verify insurance coverage, including effective dates, deductibles, co-payments, and co-insurance, verification of benefits is not a guarantee of coverage or payment, and the patient is fully responsible for any fees not covered by the insurance company for professional services rendered on each date of service. Coverage and reimbursement rates may be affected by any changes made to the insurance policy and/or the time of year billing is submitted. Insurance companies do not pay all fees and may exclude and/or deny certain services from coverage. If information provided by the patient's insurance company is not accurate or the insurance company changes its coverage, the patient will be responsible for payment for all services rendered. Deductible and co-payments are part of the contractual agreement with the insurance company. We are responsible for collecting those fees and are not authorized to change or waive the fees. Patients are responsible for providing Southside Diabetes LLC with current insurance information and understanding their insurance plans. Any questions regarding health insurance coverage or benefit levels should be directed to the health plan.

**FINANCIAL AGREEMENT:** Payment for services is due on the day services are rendered, unless other means of payment are agreed upon with Southside Diabetes LLC. The patient is completely responsible for the medical treatment, including any fees charged for returned checks, regardless of any payer, third-party interest, or the resolution of any legal action or lawsuits in which the patient is involved. The patient understands and agrees that any charge which is unpaid shall be subject to a monthly interest charge of two percent (2%), and should the patient's account be assigned for collection, the patient will be responsible for all costs and an attorney's fee of thirty-three and one-third percent (33.3%) of all money due.

**PAYMENT TERMS:** Southside Diabetes LLC may require patients to keep their credit card information on file with the Company. Credit card data is stored using an encrypted and tokenized system at an offsite, secure vault that exceeds all HIPAA and PCI Data Security Standards. Acceptance of this agreement authorizes Southside Diabetes LLC to debit the card on file for any patient payment responsibility, including but not limited to co-pays, deductibles, remaining balances, and no shows/cancellation fees. Outstanding balances over 30 days will be charged to the credit card on file. A fee of two percent (2%) per month may be assessed when balances exceed 30 days. Checks returned for insufficient funds will be charged a \$50 fee.

By signing this agreement, you agree to the terms above. This agreement is in effect until a written notice is received cancelling all or some of the agreed upon terms, or until termination of care.