



# Arthritis Care Center P.C. The Osteoporosis Center

(a division of Arthritis Care Center)

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## **FINANCIAL AGREEMENT**

Please read the following carefully and sign below that you understand and accept Arthritis Care Center's basic operating policies and agree to the financial terms.

### Payment is expected at time of service:

Unless insurance is verified by the office or a treatment payment plan is arranged, patients are responsible to make full payment at time of service.

### Health Insurance:

Arthritis Care Center participates (in-network) with several major insurers, and the practice will make every reasonable effort to work with your insurance plan to file for all covered services.

Patients are responsible for payment of all co-pays, co-insurance, deductibles, and uncovered balances at time of service.

If insurance is used, please understand that it is the Patient (or Patient's legal guardian) responsibility to notify Arthritis Care Center of any changes in insurance coverage. You are responsible for prompt and full payment of services not covered by insurance.

When insurance is used to pay for services, the client agrees to assign any insurance benefit payments to Arthritis Care Center for services rendered.

### Limitations of Insurance:

Not all insurance plans cover all services, and Arthritis Care Center does not participate in all plans. Some plans require pre-authorization, referrals, or justification of medical necessity, which limit or deny reimbursement.

If you participate in an insurance plan in which Arthritis Care Center is not in-network, it is strongly recommended that you provide a physician referral letter so the practice may better assist you to advocate for payment by your insurance company. Arthritis Care Center will provide with a statement that can be submitted to the insurance carrier for consideration of out of network reimbursement, but full payment is your responsibility.

### Prompt payment:

The practice provides the most cost effective, high quality care possible. To do this, costs related to billing overhead are kept to a minimum. Therefore, patients are obliged to make prompt payment for all fees due. Outstanding accounts over 60 days may be placed for collection.

### Returned Checks:

There is a \$25.00 fee for returned checks.

### Questions about Payment or Insurance:

For payment or insurance questions or concerns, contact the billing office at 309-762-4500 ext 105.

I have read, understand and agree to the policies outlined in this agreement.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date