

# Endocrinology & Metabolism

of east alabama

## FINANCIAL POLICY

Thank you for choosing Endocrinology and Metabolism of East AL, LLC as your healthcare provider. We are committed to providing you and your family with the best available medical care. In our ongoing process to make sure that all your medical needs are met, our staff will be available to discuss our fees and this policy with you. The services you have elected to participate in, imply a financial responsibility on your part. We ask that all responsible parties read and sign our financial policy as well as complete the patient information forms prior to seeing the physician. Payments for all services will be due at the time services are rendered. In order to serve you better, we accept cash, check, Visa, MasterCard, Discover, and American Express. As a courtesy to you, we will verify your coverage and bill your insurance carrier on your behalf; however, you are ultimately responsible for the entire bill. As the responsible party, please understand:

### (PLEASE INITIAL THE FOLLOWING)

\_\_\_\_\_ 1. Your insurance policy is a contract between you, your employer (if applicable), and the insurance company. We are not a party to that contract. Our relationship is with you, not your insurance company. We will not become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance and “usual and customary” charge. As your medical provider, we will only supply factual information to facilitate claim processing.

\_\_\_\_\_ 2. I accept the fees charged as a legal and lawful debt to pay said fee, including any/all costs of collection, attorney fees, and/or court costs, if such be necessary. I waive now and forever my rights of exemption under the laws of the constitution of the State of Alabama and any other state.

\_\_\_\_\_ 3. All charges are your responsibility whether your insurance company pays or does not pay. If your insurance carrier does not remit payment within sixty days, the balance may be due in full from you. If any payment is made directly to you for services billed by Endocrinology and Metabolism of East AL, you recognize an obligation to promptly remit payment to Endocrinology and Metabolism of East AL.

\_\_\_\_\_ 4. I give Endocrinology and Metabolism of East AL, its employees and/or agents “expressed prior consent” to contact me at any/all phone numbers, including cell phone numbers, for the purpose of treatment, insurance or payment.

\_\_\_\_\_ 5. The above does not apply for those patients that are considered Workers’ Compensation. However, be advised that as a compensation patient you may be held responsible for charges in the event that your claim is denied or not paid or determined not to be work related.

\_\_\_\_\_ 6. The completion of disability and/or FMLA forms are not billable/reimbursable by insurance carriers, therefore fees are your responsibility for payment. Endocrinology and Metabolism of East AL fees related to completion of these documents are expected to be paid upon presentation of forms for completion.

We understand that financial problems may affect timely payment, so we encourage you to communicate any such problems to us, so that we may assist you in keeping your account in good standing. Our financial counselor is available to assist you or answer any questions you may have.

**I UNDERSTAND THE ABOVE INFORMATION AND WILL BE RESPONSIBLE FOR THE PATIENT LISTED BELOW**

Printed Name of Patient: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Relationship if other than the patient

\_\_\_\_\_  
Date