



PAYMENT POLICY & AGREEMENT ASSIGNMENT OF INSURANCE BENEFITS

THANK YOU FOR CHOOSING SURGICAL ASSOCIATES OF RICHMOND FOR YOUR SPECIALTY CARE.

We believe that the patient-physician relationship is based upon mutual trust and understanding, and that it is important for you to have a clear understanding of your rights and responsibilities. We ask that you carefully review the following information, and if you have any questions or concerns, please ask us.

DIAGNOSTIC TESTING

SURGICAL ASSOCIATES OF RICHMOND is an independent medical practice that is not affiliated with any hospital or outpatient ambulatory surgical center. For patient convenience and accessibility, SURGICAL ASSOCIATES OF RICHMOND offers our patients some diagnostic tests through facilities that are owned or operated by our practice. You have the right, however, to obtain any diagnostic testing that is recommended by your physician at the facility of your choice. By signing this agreement, you consent to and understand that you are not required to utilize any facility that is owned or operated by SURGICAL ASSOCIATES OF RICHMOND for your diagnostic testing.

RELEASE OF PRIVATE MEDICAL INFORMATION

By signing this agreement, you authorize SURGICAL ASSOCIATES OF RICHMOND to furnish any insurance carrier(s) or other third party payors or their agents, attorneys, or legal representatives all pertinent medical information which said parties may request concerning your illness or injury, which they deem necessary to determine coverage or which may be required to render payment. You also agree to assign SURGICAL ASSOCIATES OF RICHMOND any and all health care benefits to which you are entitled under any policy of insurance and authorize, to the extent permitted by law, payment of those benefits directly to SURGICAL ASSOCIATES OF RICHMOND.

PAYMENT POLICIES

By signing this agreement, you agree to pay for the following:

- Any co-payments that are required by your insurance carrier
- Any co-insurance and/or deductibles that are required by your insurance carrier
- Any charges for services that you agree to have performed, that are not covered by your insurance plan

INSURANCE CLAIMS

SURGICAL ASSOCIATES OF RICHMOND will submit your claims to your insurance carrier(s) for payment. If we do not receive payment from your insurance carrier(s) within sixty (60) days of submitting your claim, we will send you a Balance Due statement. Upon receipt of this statement, we encourage you to contact your insurance carrier if you believe they should pay for the services, or call us to make payment arrangements for yourself.

INSURANCE REQUIRED PRIOR APPROVAL OR A REFERRAL

If your insurance carrier requires prior approval or a referral, it is your responsibility to obtain the approval or referral, prior to your visit with SURGICAL ASSOCIATES OF RICHMOND. If you express a desire to be examined without having the required approval or referral, by signing this agreement, you agree to be responsible for payment in the event that your insurance carrier denies payment for the services you received.

PATIENTS WITHOUT INSURANCE

Patients without insurance coverage are expected to make payment arrangements with one of our Financial Counselors either before an elective surgical procedure or as soon as possible after an emergency surgical procedure.

PHOTOCOPYING IDENTIFICATION

By signing this agreement, you authorize SURGICAL ASSOCIATES OF RICHMOND to photocopy your identification cards, including, but not limited to your insurance card and driver's license.

DISABILITY FORMS

SURGICAL ASSOCIATES OF RICHMOND charges a \$15.00 processing fee for the completion of each medical/surgical disability related form. Payment must be received prior to the release of the completed form.

UNPAID BALANCES

Any unpaid balances remaining on your SURGICAL ASSOCIATES OF RICHMOND account more than 45 days after your insurance carrier has paid, may incur a collection charge and be transferred for collection action. An additional charge of up to 28% of the unpaid balance due may be charged to cover legal costs incurred in collection. Additionally, unpaid balances may incur finance charges at the rate of 1.5% per month.

FINANCIAL DIFFICULTIES

For patients experiencing financial difficulties, we will gladly establish mutually agreed upon payment arrangements. If payments are made as agreed, no additional fees or interest will be assessed to the patient's account. If the agreed upon payment arrangements are not met, the full balance is due within 45 days. An additional charge of up to 28% of the unpaid balance due may be charged to cover legal costs incurred in collection. Additionally, unpaid balances may incur finance charges at the rate of 1.5% per month.

RETURNED CHECKS

SURGICAL ASSOCIATES OF RICHMOND charges a \$25.00 fee for any returned check.

I have read and understand this Agreement. I agree to all the terms of this Agreement. I understand that SURGICAL ASSOCIATES OF RICHMOND will provide medical services to me in consideration of and reliance upon this Agreement. If the patient is a minor, an adult guarantor will be required before SURGICAL ASSOCIATES OF RICHMOND provides services.

Print the Patient or Guarantor's Name

Patient or Guarantor's Signature

Date

Minor Patient's Name

Relationship to Guarantor

Witness to Signature

Date