



# FINANCIAL POLICIES

*Below are the Financial Policies of MobileMed, LLC doing business as MobileMed, as well as all subsidiaries of MobileMed; All references of policies throughout this document shall apply equally to all subsidiaries of MobileMed, its providers and services, which will be referred to collectively as "MobileMed" herein.*

## INSURANCE INFORMATION

Your health insurance is a contract between you and your insurer. Any charges not paid by your insurer for any reason are your responsibility. **It is your responsibility to understand your insurance benefits, including plan limitations, the difference between screening or preventative care benefits versus diagnostic procedure benefits and the need for referrals or pre-authorizations.**

We will bill your insurance for all services we provide; however, **we require you to pay any portion of your financial liability for care**, including/not limited to co-pays, deductibles or co-insurance, **prior to the service**. Certain services performed, for your benefit, may not be covered by your insurance plan(s). MobileMed suggests you contact your insurance carrier to verify your benefits and understand any non-covered services as these will be your financial responsibility.

## ADMINISTRATIVE FEES

Our fee for completing forms is \$25. There is a charge for copying medical records in accordance with Florida laws.

## PAYMENT

MobileMed is committed to reducing waste and inefficiency and making our billing process as simple as possible.

We run payments through a secure, HIPAA and PCI-compliant merchant services application.

The security of your private information is our priority. For your protection, only the last 4 digits of your card will show in the system. We will process your payment automatically, sending you a receipt via email. Your ability to dispute your insurance company's charges will not be compromised. Patient's without insurance or patient's that do not authorize a credit card to be kept on file for account balances will need to make payment in full on the day of the visit.

**Credit Cards on File will be used to pay account balances after insurance adjudication.**

- 1) Once your insurance has processed your claim, they will send an Explanation of Benefits (EOB) to both you and our office showing what your total patient financial responsibility is. You typically receive the EOB before we do, so if you disagree with the patient responsibility amount owed, it is your responsibility to contact your insurance carrier and our office immediately.
- 2) When we receive the EOB, we will enter this information in our system.

## OPEN BALANCES

You may have outstanding balances for more than one location within the practice. We reserve the right to collect on balances for any subsidiary of Mobile Med. *Note: Credit card payments are only accepted in our offices or through our website and will not be processed if mailed to our central billing office.* Patients who fail to adhere to our financial policies may be sent to collections, incur additional costs up to 25% of the balance and be terminated from our practice. Identified balances on account may be refunded only during the final week of the month.

## PATIENT'S RELEASE STATEMENT

*By signing below, I understand and accept the financial policies of MobileMed, including the credit card on file policy. I authorize the use of my credit card for outstanding balances only after my insurance has processed my claim but not more than six (6) months after my visit. I give MobileMed permission to apply payments to any balances amongst its locations. I understand that I am ultimately financially responsible for the services I receive from Mobile Med. Should I neglect to meet my financial responsibility, I understand that I may be charged additional fees incurred in the collection process, including from third party collection agencies.*

<b>Signature</b>		
Print Name _____	Signature _____	Date (month/day/year) _____