

Adult Medicine Specialists, PA

764 Saco Lowell Road, Easley, SC 29640
Phone: 864-855-5525 Fax: 864-855-5440

Patient Financial Policy

The policy of Adult Medicine Specialists of Easley, P.A. is that the patient has the ultimate responsibility for payment of his/her account. Payment is due at the time services are rendered unless other specific arrangements have been made in advance of treatment.

Adult Medicine Specialists of Easley, P.A. does participate with a number of insurance plans. It is the patient's responsibility to make sure our office is a participating provider with your insurance company. If your insurance carrier is one of those with which we have a participation agreement, you will be expected to pay your portion of the charge on the date of service, and we will file your insurance claim. If you have a predetermined co-pay amount, it will be due and payable upon check-in. We will allow a period of forty-five (45) days from the filing date for your carrier to process and pay your claim. If your claim has not been paid within that period, full payment of charges, as well as any follow-up with the insurance company, becomes your responsibility.

If you present to our office without your current insurance card, and you fail to provide our office with the card or sufficient insurance information for our office to file your claim within the timely filing limits required by your insurance company, you will be responsible for the balance.

If your insurance company is not on our list of participation carriers, we will file your claim as a courtesy, but you will be responsible for any out of network fees and co-insurance amounts at the time of service. If your insurance company requests a refund of payment(s) made on your account, regardless of when services were rendered, the balance becomes your responsibility.

If you have secondary insurance coverage, we will file your claim. If, however, you are covered by a primary plan that requires a co-payment, it will be due at the time of service, and we will be unable to file a secondary claim.

If you are not covered by an insurance plan, payment in full of all charges will be expected at the time of service. If this creates a financial hardship for you, please inform the receptionist before services are rendered so that satisfactory arrangements for payment can be made.

Should your account become delinquent and we feel it appropriate to involve a third party in the collection effort, you will be subject to a collection fee equal to 32% of your balance due at the time of referral.

I have read, understand, and agree to this Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payment, deductible, and out-of-network fees are my responsibility.

I authorize my insurance benefits be paid directly to Adult Medicine Specialists of Easley, P.A.

I authorize Adult Medicine Specialists of Easley, P.A. to perform medical evaluation and treatment as deemed necessary and release information for insurance and/or medical purposes concerning my illness and treatment.

Date

Patient Signature

Patient Printed Name