



AIRE MEDICAL GROUP, INC. OFFICE FINANCIAL POLICY AND CONSENT FOR DISCLOSURE

Thank you for selecting AIRE Medical Group, Inc. for your medical care. We look forward to assisting you with your healthcare needs. In order to prevent any misunderstanding concerning your medical care, including the responsibility for payment, please read and sign this agreement prior to treatment.

FINANCIAL POLICY

- 1. Insurance.** You must provide proof of insurance at the time of your initial visit, or any time you have a change in coverage. If you do not provide us with your current insurance card, you will be considered a cash patient and you will be responsible for full payment at time of service. If you provide proof at a later time, and within the timeline of your insurance company, we will bill your insurance and reimburse you any applicable amount as determined by your insurance.
- 2. Knowing your insurance benefits is your responsibility.** Please contact your insurance company with any questions you may have regarding your coverage and to confirm the physician whom you are seeing is contracted.
- 3. Co-payments and deductibles.** We cannot waive copays and deductibles. You are responsible for any coinsurance, copays, deductibles, and non-covered services as required by your insurance carrier.
- 4. All copays** are due on the date of medical service at AIRE Medical Group, Inc. It is your responsibility to understand any deductibles that may apply to you under your Insurance Policy. Our billing department will send you a statement of the amount your insurance company has determined is applied to your deductible and is owed by you.
- 5. No Insurance.** Payment will be due and payable at the time of service.
- 6. HMO Coverage.** HMO Insurance Policy Coverage is **limited**. AIRE Medical Group, Inc. has contracts with only specific HMO Insurance providers. It is your responsibility to contact your insurance company to confirm your insurance coverage with AIRE Medical Group. If it is later determined that you did not have insurance coverage by your HMO plan, you will be fully and personally responsible for the cost of AIRE Medical Group, Inc.'s rendered medical services to you.
- 7. Summary.** If problems arise regarding insurance coverage issues, we will work with you to help resolve them. We will work with you to make payment installments. If necessary, after your medical bill's first \$500.00 has been paid, any remaining balance over \$500.00 may be paid in equal sums over three months. Yet, this courtesy policy is by AIRE Medical Group's exclusive discretion. Further, please be advised that you are nevertheless financially responsible for payment of medical services rendered in this office. Please feel free to discuss any financial concerns and cost of medical services before services are provided.