

EMERGE HEALTH & WELLNESS

Patient Financial Responsibility Statement

Thank you for choosing Emerge Health and Wellness as your healthcare provider. The medical services you seek imply a financial responsibility on your part. This responsibility obligates you to ensure payment in full for the services you receive. To help understand the financial responsibility, we ask that you read and sign this form. Feel free to ask if you have any questions regarding your financial responsibility. By signing below and/or by receiving medical services from Emerge Health and Wellness, you agree:

- You acknowledge and agree to the established policies and procedures of Emerge, including but not limited to this PATIENT FINANCIAL RESPONSIBILITY STATEMENT. You may request a copy of the current policies from the office staff. These policies may be changed periodically by Emerge, without notice. If there is any conflict between another policy and/or procedure of Emerge and this PATIENT FINANCIAL RESPONSIBILITY STATEMENT, the Statement shall control.

- You are ultimately responsible for ALL payment obligations arising out of your treatment or care and guarantee payment for these services. You are responsible for deductibles, copayments, coinsurance amounts, or any other patient responsibility indicated by your insurance carrier or our policies, which are not otherwise covered by supplemental insurance. Copayments are due at time of service as coinsurances and deductibles are determined after the claim is submitted to the insurance carrier and Emerge has received payment.
- You are responsible for knowing your insurance policy. For example, you will be responsible for any charges if any of the following apply: (i) your health plan requires prior authorization or referral by Emerge before any services are rendered and said authorization and/or referral is not obtained; (ii) your health plan determines that the services you received at Emerge are not medically necessary and/or not covered by your insurance plan; (iii) your health plan coverage has lapsed or expired at the time you receive services at Emerge or you have chosen not to use your insurance. If you are not familiar with your insurance plan coverage, we encourage and recommend you contact your carrier or plan provider directly.

- You will be required to follow all registration procedures, which may include updating or verifying personal information, presenting current insurance cards, providing signatures, and paying any copays or other patient responsibility amounts. Your card or other insurance verification **MUST BE ON FILE** for your insurance to be billed correctly. If we do not have your card on file, or are unable to verify your eligibility, you will be treated as a self-pay patient. As a self-pay patient, our fee is expected to be paid in full at the time of service. If the insurance card or other necessary information is furnished after the visit, we may file a claim with your insurance; and if paid in full by your insurance, you will be reimbursed. If you are not prepared to pay your copay or other amounts, your visit may be rescheduled by Emerge.
- By signing below, you authorize Emerge to verify your insurance benefits and submit your claim to your insurance carrier or other plan provider. You agree to facilitate payment of claims by contacting the insurance carrier or another plan provider when necessary. Without waiving any obligation to pay, you assign Emerge, for application onto your bill for services, all of your rights and claims for the medical benefits to which you, or your dependents are entitled, under any federal or state healthcare plan (including but not limited to Medicare and/or Medicaid), insurance policy, any managed care arrangement or other similar third-party payor arrangement that covers health care costs and for which payment may be available to cover the cost of services provided to you. You authorize Emerge providers, staff, and hospitals to release patient information acquired during your examination and/or treatment including but not limited to all medical records, notes, test results, x-ray reports, MRI reports or other documents related to your treatment. Emerge **DOES NOT** accept responsibility for incorrect information given by you or your insurance carrier or other plan provider regarding your insurance benefits or benefit plan.
- If your insurance carrier does not remit timely payment on your claim, you will be responsible for payment of the charges within the terms set forth herein. Once your insurance carrier processes your claim, we will bill you for any remaining patient responsibility deemed by your insurance carrier. If any payment is made directly to you for service billed by us, you agree to promptly submit same to Emerge until your patient account is paid in full.
- You will be mailed a billing statement that contains the total cost of your service(s) or procedure(s) received during your visit(s). You may generally expect this billing statement within twenty (20) days after your insurance carrier has responded to a submitted claim. You must notify Emerge of any errors or

objections to the billing statement within thirty (30) days or they will be deemed accurate, and the fees and expenses shall be deemed reasonable and necessary for the services rendered. If there is a problem with your account, it is your responsibility to contact Emerge to address the problem or to discuss a reasonable and workable solution.

- Whether or not you have insurance or are self-pay, payment of any account balance is due in office, by phone, or by mail within thirty (30) days of receipt of your billing statement. If any balance on your account is over ninety (90) days past due, your account will be in default. For small balances up to \$25.00, billing statements may not be sent out. Any balances over \$25.00, patient will receive monthly statements until account is paid in full or a signed payment plan has been arranged.

- We accept payment by check, cash, debit cards, credit cards, care credit or HSA.
 - **Payment by Check** – If payment is made by check and it is returned or declined for any reason, your account will be charged a fee of \$35.00 or up to the applicable state maximum legal limits, whichever is lower, in addition to any costs assessed or charged by any depository institution.

 - **Payment by Credit/Debit/HSA** – You may pay with a credit card, debit card, care credit or HSA including Visa, Mastercard, Discover or American Express. Your payment with a card may be made in person, by mail or by calling Emerge. All regular credit card rules will apply. Once authorized, submitted information is received, your card will be charged. If your charge is not accepted, you will be notified. You are responsible for all late charges or penalties resulting from the late receipt of any payment. Your information is used solely to process your payment. While processing your card payment, only the last 4 digits of your card are viewable by Emerge personnel. We do not otherwise store your sensitive card information.

- **Managed Care (HMO, PPO, ect.)** All managed care copayments are due at the time of service. If you request an office visit with Emerge and you have an HMO plan, you are responsible for updating/changing the PCP information or you will be deemed 'out of network' and you will be responsible for any said charges.

- **Medicare** Emerge is a participating provider with the Medicare program and accepts as payment the Medicare allowable, patient deductible and/or 20%

coinsurance. Medicare or secondary carriers may not cover some procedures and supplies. Please make certain that you understand which aspects of your treatment are covered BEFORE proceeding. You understand that you will be responsible for your annual deductible, the copayment and/or any non-covered services specified by Medicare.

- **Medicaid** If you are a Medicaid patient, you must present a valid eligibility card at the time of registration and before service. Your eligibility status will be verified MONTHLY. Without verification of coverage, you will be responsible for the full/entire balance of your account. As a courtesy to you, your account will be billed to Medicaid when we receive all necessary information. You are responsible for non-covered portions and spenddowns requirements associated with your individual coverage. If at any time you are not eligible for Medicaid coverage and wish to be seen, you will be treated as a self-pay patient and must make payment at the time of service.
- **Third Party Liability Injuries** If you receive treatment because of a third-party liability injury (example: motor vehicle accidents), a 70% fee for services rendered is considered due at time of service. Because Emerge does not protect charges incurred relating to or arising out of third-party liability, we will not accept a delay in payment due to settlement disputes and/or litigation. We will not accept a letter of protection from an attorney as a guarantee of payment or assignment of third-party insurance payments. Emerge cannot act as administrator to resolve financial arrangements. We may agree to bill a third-party insurance company for an at-fault party involved in an accident as a courtesy to you. To bill your claim directly, you must provide us with all necessary information to confirm coverage for these payments with the auto/third-party carrier. We will also collect information about your personal insurance in case the auto/third-party carrier denies your claim. Regardless of whether we submit your claim to third-party insurance, as the patient, you are ultimately responsible for the payment.
- **Additional Services** Patients may incur and are responsible for the payment of additional charges at the discretion of Emerge including but not limited to: (i) charges for returned checks; (ii) charges for a missed appointment without a 24 hours advance notice; (iii) charges for extensive phone consultations and/or after-hours phone calls requiring treatment or prescriptions; (iv) charges for copying and distribution of patient medical records; (v) charges for extensive forms preparation or completion; or (vi) any costs associated with collection of patient balances, all as allowed by law.

- **Minor Patients** The patient/guardian of a minor is responsible for payment of the minor's account balance. A minor not accompanied by a parent/guardian will be denied non-emergency treatment unless charges for the treatment have been pre-authorized. Responsibility for payment of treatment of minor children, whose parents are divorced, rests with both parents. Any court-ordered responsibility judgment must be determined between the individuals involved, without the inclusion of Emerge.
- **Authorization to Contact** You authorize Emerge personnel to communicate by mail, answering machine messages, voicemails, and/or email according to the information provided in your patient registration information. Emerge, or any staff, may use any information you have provided, including contact information, email addresses, cell phone numbers, and landline numbers to contact you for purposes related to your account, including debt collection. You authorize Emerge to use this information consistent with the information you provided, including mail, telephone calls, or emails.
- **Financial Responsibility Party** If this or a separate Emerge Financial Responsibility Statement is signed by another person on your account, then that co-signature remains in effect until cancelled in writing. Cancellation in writing shall become effective the date after receipt and shall apply only to those services and charges thereafter incurred. By signing as the Financial Responsible Party, you hereby guarantee the full and prompt payment to Emerge of all indebtedness of patient to Emerge, whether now, existing or hereafter created; and further agree to pay all expenses, legal or otherwise, incurred by Emerge in collecting the indebtedness, in enforcing this guaranty, or in protecting its rights under this guaranty or under any other document evidencing or securing any of the indebtedness. This guaranty shall be a continuing, absolute and unconditional guaranty, and shall remain in force and effect until all said indebtedness shall be fully paid. There shall be no obligation on the part of Emerge at any time to first exhaust its remedies against the patient, any other party, or any other rights before enforcing the obligations of the Financial Responsibility Party.