



Financial, billing, and assignment of benefits policy

– IMPORTANT INFORMATION –

Please read the following information carefully as it applies to your financial responsibility. Thank you in advance for your cooperation.

Pend Oreille Surgery POSC, LLC (POSC) provides this information to explain our billing policy. We will provide medical services to you with the understanding that you have agreed to these terms. We appreciate your assistance in reducing the overall costs of your medical care by cooperating with these policies.

– Insurance Claims –

Your medical insurance policy is a contract between you and your insurance carrier and POSC is not a party to that contract. As a result, your coverage and responsibilities are determined by your policy and you are responsible for understanding and following their required procedures. On your behalf, POSC will submit all claims for our services with your primary and secondary insurance providers. It is your responsibility to provide us with sufficient, accurate and up-to-date insurance information. If your insurance company does not submit payment, you are liable for your account balance and we will request immediate payment from you. It is your responsibility to contact your insurance company with any questions and to respond to any inquiries from them in a timely manner. In some instances, even though POSC files the claim on your behalf, your insurance company may send the payment directly to you. *If you receive a payment directly from the insurance company, you hereby agree to immediately forward the payment to POSC.*

– Assignment of Benefits –

By signing this form you are assigning benefits to be paid directly to POSC by your insurance carrier(s), when applicable.

– Amounts not paid by Insurance –

All co-payments and deductible amounts not yet met in this calendar year and estimated balance of co-insurance is due on the day of surgery. If you have no medical insurance, choose not to use your benefits, or request a service that is not covered by your insurance policy, or incur any other amount that may not be covered by insurance, we request that payment for all services be made in full at the time services are rendered.

– Payment Responsibility –

After your insurance has been billed, or if you are not filing an insurance claim for any reason including lack of coverage, you remain responsible for payment of the entire balance. When a balance remains we will send you a statement, which is due upon receipt. For your convenience we accept payment by cash, check, Visa, MasterCard, Discover, and CareCredit. And the very last line should be: If the Patient has any questions about this billing policy he / she may contact us at 208.265.8194.

– Minors –

A parent or legal guardian must accompany a minor and consent to treatment, unless otherwise stipulated by law. Parents or legal guardians must comply with the terms of this billing policy. If the parents of a minor are separated or divorced, POSC has the right to require legal documentation determining which parent is financially responsible for paying the minor's medical expenses or responsibility for determining the minor's medical care needs.

30544 Hwy 200. Suite 201. Ponderay, Idaho 83852. p. 208.265.8194 f. 208.265.4870

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THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE BILLING POLICY AND RECEIVED A COPY OF THE FOREGOING, AND ACCEPTS ALL THE TERMS AND CONDITIONS STATED ABOVE. In the event Patient is a minor, the undersigned guarantees the performance of all covenants of the above Agreement on behalf of the Patient. If the Patient has any questions about this billing policy he/she may contact us at 208-265-8194.

Patient or Authorized Representative Signature

Date

Print Name

If not patient, relationship to patient

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