FreeState PRIMARY CARE

INSURANCE POLICY

INSURANCE

- Insurance Cards are required at every visit. We will verify your insurance coverage at the time of your first visit if possible.
- Depending on your insurance, Free State Primary Care, LLC. will be reimbursed based on a percentage of the amount billed. We do not know the exact amount until we receive payment. All co-payments, deductibles, and payments for non-covered services are due at the time of the service or when balances become known. As the recipient of services, you are ultimately responsible for all services provided. Not all services may be covered by insurance, and you will be fully responsible for those uncovered charges. Free State Primary Care, LLC, is under no obligation to pursue reimbursement on the patient's behalf.
- If payment from your Insurance Provider is not received in full within thirty (30) days after submission of the request for payment, it is your responsibility to pay. If payment is not received in full within sixty (60) days, by providing your credit card and receiving provided services, you are authorizing Free State Primary Care, LLC. to charge your provided credit card for any unpaid bills or claims. Without a card on file, payment is due in full at the time services are rendered. Any claims paid after your credit card has been billed will be refunded to you.

If you are covered by accepted Insurance plans:

- It is your responsibility to contact your insurance carrier to discuss your plan's mental health benefits, including any deductibles, co-payments, annual and lifetime limits, and if pre-authorization is required. We will bill the carrier for you.
- Your co-pay is due at the time of service.
- You are responsible for all charges not paid by your insurance, including deductibles, co-payments, any uncovered charges, charges for missed appointments, etc.
- You are responsible for informing the front desk of any changes to your insurance coverage.

If you are covered by an Out of Network Provider Plan:

- The out of pocket payment is **due at the time of service.**
- After payment has been made and applied towards the billed services, we will provide you with an Insurance Invoice to submit to your insurance plan.

SIGNATURE

In considering the amount of medical expenses to be incurred, I, the undersigned, have insurance and/or employee health care benefits coverage with the above mentioned Health Insurance Providers, and hereby assign and convey directly to Free State Primary Care, LCC, all medical benefits and/or insurance reimbursement, if any, otherwise payable to me for services rendered from such doctor and clinic. I understand that I am financially responsible for all charges regardless of any applicable insurance or benefit payments.

PATIENT/GUARDIAN SIGNATURE DATE