

**JSAPA
Financial Policy**

Thank you for choosing our practice! We are committed to the success of you/your child's medical treatment and care. Please understand that payment of your bill is part of this treatment and care. **Please read over the form.** Patient/Parent/Legal Guardian signature is required at the bottom.

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE.

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable deductibles, co-insurance (i.e. "80%/20% coverage") and co-payments for participating insurance companies. JSAPA accepts cash, personal checks, VISA and/or MASTERCARD. There is a service charge of \$30.00 for returned checks.

We realize that people have financial difficulty. However, patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to scheduling appointments.

MANAGED CARE

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we will assist you in contacting your primary care physician prior to your appointment. If you are unable to obtain the referral at that time, you will be rescheduled.

LIABILITY INSURANCE

Please note that the practice has elected not to carry medical malpractice insurance. S458.320(5)i(g) "Under Florida law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. **YOUR DOCTOR HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE.** This is permitted under Florida law subject to certain conditions. Florida law imposes penalties against noninsured physicians who fail to satisfy adverse judgements arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

MISSED APPOINTMENTS/LATE CANCELLATIONS

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you or your child. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge \$30.00 for missed or late/cancelled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read, understand and agree to the above Financial Policy. I understand that charges not covered by my or my child's insurance company, as well as applicable co-payments and deductibles are my responsibility.

I authorize my insurance benefits be paid directly to JSAPA

Patient/Legal Guardian Signature

Date
Revised 02/2017