

FINANCIAL AGREEMENT

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As a potential patient of BridgeCare, I understand that paying my bill is a part of my treatment process and it is important that I understand the following:

Understanding Financial Responsibility: I understand that I am responsible for payment in full for services provided, whether through insurance or out-of-pocket. In cases where my insurance company does not cover the full amount or denies the claim, I acknowledge my responsibility to cover the remaining balance.

Payment Expectations: Payments for services are expected at the receipt of a bill unless other arrangements have been made in advance. If I am unable to make timely payments, I understand that I may be subject to additional fees or charges. • Co-pays must be paid at the time of my visit. • BRIDGECARE SPECIALISTS accept payment in the form of mailed checks and/or online payments. • Deductibles and co-pays are the responsibility of the patient and must be paid. I understand that payment arrangements can be made based on financial need. • If my insurance requires a referral from my primary care physician, it is my responsibility to obtain this referral. • If the patient's insurance company fails to pay the medical bill within 90 days due to reports of inaccurate information or non-covered service, the bill will be transferred to the patient. • If I do not have insurance, BRIDGECARE SPECIALISTS has payment options available upon request. • If payments have not been received as per the payment schedule agreement or if the account is in outstanding payments for 90 days, patient account information will be turned over to a collection agency, unless prior arrangements have been made. The patient shall be responsible for all costs of collection. • If a patient fails and/or refuses to make all payments due to BRIDGECARE SPECIALISTS, treatment may be interrupted or placed on hold until the balance is paid in full.

Effective January 15, 2024, per BridgeCare and your insurance policy, we are requesting all new patients have an active card on file to process insurance copays, deductibles, and account balances as they are due. It is your responsibility to ensure that the information for the card on file is current at the time of service, as necessary, and that if payment is declined, BridgeCare can decline to provide new services until payment is received. You are also certifying yourself as the authorized signer for the card with all necessary rights to authorize charges and balance payments as BridgeCare and your insurance policy dictate.

By signing below, I understand and acknowledge that I have received the above information and that any questions have been answered to my satisfaction. By signing I also indicate that I understand and agree to comply with the policy.

Patient Signature