



Care Medical Group

Self-Pay Policy

Thank you for choosing Care Medical Group! We are committed to the success of your medical treatment and care. Prompt payment of your bill is one aspect of your responsibility as it pertains to your treatment and care. We believe that a good physician/patient relationship is based on understanding and open communication. Our staff is instructed to make every effort to clarify any questions concerning payment for your treatment. If you need further information about any of these policies, or about the amount you will be asked to pay today, please ask to speak with our billing department.

You will be considered a self-pay patient if any of the following applies:

- No health insurance;
- Coverage we are unable to confirm at the time of service;
- Insurance plans with which we are not in-network.

The amount you pay today for your office visit depends on several factors including: 1) whether you are a new patient or you've visited our office within the last three years; 2) the complexity of your complaint; 3) the number of issues discussed; and 4) the doctor's examination. The amount our office charges for self-pay office visits is determined based on standard medical coding and billing practices.

The doctor may recommend that other services be performed during your visit in order to effectively evaluate and treat your medical concern. **The costs of these services are separate from your office visit and will incur an additional charge:**

- Lab work
- X-rays
- Diagnostics
- Procedures
- Injections
- Immunizations

Some services are performed or supplied by an external company; in those instances, you may receive a separate bill directly from the outside facility or supplier.

You have the right to refuse to have a procedure performed or, if you are concerned about the cost of additional services, we can give you a price estimate prior to a service being provided. If you would like an estimate, please notify both the front desk and the provider assisting you today before the services are performed.

We strive to determine the total cost of your services before the conclusion of your visit. In the event that a provided service is not charged at the time of your visit, we will mail you a statement for the balance owing. **Charges will not be considered final until they have been processed by the billing department.**

Signature: _____

Date: _____

Printed Name: _____