



EXECUTIVE URGENT CARE AT INDIAN WELLS

Financial Policy

Here at the Executive Urgent Care of Indian Wells, we are committed to providing our patients with quality medical care and to avoid misunderstandings we have created this financial policy to clearly outline the patient and practice financial responsibilities.

PATIENT RESPONSIBILITY

- **It is the patient's responsibility to know what their insurance does and does not cover.** In addition, it is your responsibility to verify whether the facility is contracted with your plan. You can find out more about your insurance by calling the phone number on your card or through the human resources department.
- It is also the patient's responsibility to pay any co-payment, deductible, or any other portion of the charges as specified by the plan. Payments for medical services not covered by an individual's insurance plan are the patient's responsibility.

PAYMENT POLICY

- The Executive Urgent Care of Indian Wells will collect any co-payment or deductible amount at the time of service at the sign in window. We accept cash, checks, and all major credit/ debit cards.
- The adult accompanying a minor is responsible for payment at the time of service.

INSURANCE BILLING

- **As a courtesy, we will bill your insurance,** however, please note in order to bill your insurance, we require all necessary information on the insured at the time of service.
- If we bill your insurance, once we receive the insurance payment and there is a portion left for the insured to pay, a statement will be sent for the remaining balance. Balance will be due upon receipt. Please plan accordingly to settle your balance or contact the billing office to discuss other arrangements.

OUT OF AREA PLANS & NON INSURED PATIENTS

- **We expect payment in full at time of service** for all cash paying patients. We do offer discounted rates.
- If the physician on staff feels that further testing, labs or an x-ray is needed, there will be additional fees.
- For all out of area private plans, we will provide you with a code summary so that you may submit to your insurance provider for direct reimbursement. If your insurance does not cover the medical services rendered, you are then responsible for the full amount.

Our practice firmly believes that a good physician-patient relationship is based upon understanding and good communication. If you have any questions or concerns, feel free to ask the receptionist. We are here to help you. By signing this policy you are stating that you have reviewed and understand this Financial Policy.

Patient Signature _____ Date _____

If patient is a minor – parent or guardian's signature