

## Vascular & General Surgical Specialists of SWFL- VGSS Financial Policy

The following sets forth the general financial policy of Vascular & General Surgical Specialists of SWFL. Please review this information and sign where indicated.

The patient is responsible to provide the office staff of Vascular & General Surgical Specialists of SWFL with current, accurate billing /insurance information at the time of check in and to notify Vascular & General Surgical Specialists of SWFL, of any changes in this information. Any patient with insurance coverage that is a Commercial Insurance Plan or Medicare replacement plan and have a secondary insurance plan; such as Medicaid, need to be aware that we do bill for secondary insurance plans and the patient will be responsible to pay for any co-pay's/deductibles /coinsurances or any remaining balances due.

The specialist co-pay (which can be different than my Primary Care co-pay) is to be paid prior to services being rendered. I understand that this is a contractual agreement that I have with my health plan and that Vascular & General Surgical Specialists of SWFL also has a contractual agreement with my health plan to collect co-pays at the time of service, and they are required to report to the carrier any enrollees failing to pay the co-pay.

There will be an insufficient funds fee of \$25 charged to my account if an insufficient funds check is given for payment. I further understand that to rectify my account, I will be required to pay with cash or credit card.

I understand that Vascular & General Surgical Specialists of SWFL will verify my insurance eligibility, deductible amounts, and coinsurance amounts prior to any elective procedures that I may have. I further understand that it is the policy to collect the deductible and/or coinsurance prior to scheduling my elective procedure. I further understand that the FEE I AM QUOTED IS AN ESTIMATE based on the anticipated procedure to be performed and the current information provided to Vascular & General Surgical Specialists of SWFL by my insurance carrier.

I understand that I will be billed for any amounts due by me (co-payments/coinsurance amounts/deductible amounts) and that I have a financial responsibility to pay these amounts. I understand that I will be provided with a statement for any balance due after insurance payment. I further understand that if I have not made payment after the third "Final Notice" statement being mailed that my account will be sent to an outside collection agency. I also understand that I will be responsible for any collection, interest or attorney's fees associated with the collection efforts. I understand that any courtesy adjustments (self-pay adjustments, etc.) shall be reversed prior to turnover to a collection agency and I will be billed the original amount if my account is not paid.

I authorize Vascular & General Surgical Specialists of SWFL to act as my representative regarding an appeal to my insurance plan for claims payment and authorization of services; and to release information about my medical history with regards to any such appeal.

I understand that Vascular & General Surgical Specialists of SWFL will obtain the necessary authorizations prior to rendering treatment. I further understand that prior authorization is not guarantee of payment, and that I am responsible for any bills not paid by my insurance carrier.

I understand Vascular & General Surgical Specialists of SWFL does not accept Worker's Compensation (On-The-Job-Injury cases) or Auto accident cases. Vascular & General Surgical Specialists of SWFL will only file with me medical/health insurance coverage.

I understand that Vascular & General Surgical Specialists of SWFL will charge \$25 for failure to cancel an office appointment within 24 hours and \$50 for an ultrasound/vascular exam within 48 hours of its scheduled time. The fee must be paid prior to the office being able to reschedule.

My signature below confirms that I have read and understand these financial policies and my financial obligation as pertains to the providers of Vascular & General Surgical Specialists of SWFL.

\_\_\_\_\_  
Print name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient **OR** Legal Guardian/ Personal Representative

\_\_\_\_\_  
Print name of Legal Guardian/ Personal representative (if applicable)

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