STATERA
Integrated Health & Wellness Solutions

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PATIENT FINANCIAL AGREEMENT

Thank you for choosing to partner with us in your Health and Wellness. We are committed to providing you with quality and affordable health care. We ask all patients to review and sign this policy, asking questions as necessary. Please by advised, Statera LLC, does not provide medical care, we assist "Your Providers" who are Independent Contractors by providing them a state of the art facility, ancillary staff, scheduling, billing, collections, clerical support, and a shared electronic health care record, to assist in there combined efforts to provide you an integrated approach to optimal health care.

1. I**nsurance**: Some of your providers accept assignment and participate in insurance plans, others do not, please be sure you are aware of your coverage and your providers participation in your particular insurance plan at the time of your visit. If your insurance is not a plan they participate in then your chosen provider is "non-participating" or considered "out-of-network" and payment in full is expected at the conclusion of each visit. A copy of your paid bill may be requested to notify your insurance provider for as appropriate: credit towards your deductible, possible reimbursement, and HSA documentation. Knowing your insurance benefit and coverage is your responsibility. If you are unclear as to wether your appointment is covered by insurance, please ask for clarification prior to seeing your provider.

2. **Insurance Co-pays and deductibles**: For in network services, all copayments are to be paid at the time of service. This arrangement is part of your contract with your insurance company, and we are not allowed to waive this requirement. If you have not met your insurance deductible you may be asked to pay for your visit at the time of service. Any overpayment will be credited towards a future visit or can be paid directly back to you upon request.

3. **Uninsured patients**: We offer a significant discount to our patients who do not have insurance. Please be advised that this "Self Pay" discount is only good when the charges are paid in full at the time of service.

4. **Card on File**: We require a valid credit card or HSA card to be kept on file for all fees not covered by your insurance and not paid at time or service, and offer for your convenience and protection an encrypted and fully secure storage system.

5. **Forms**: There is a $20 fee for completing FMLA, sick leave, AFLAC, and disability insurance forms. This fee must be paid before the forms are completed. There is also a $5 fee for any forms that need to be mailed instead of faxed.

6. **Registration**: All patients must complete our patient information form, which will be entered into our computer to maintain accurate information for proper billing. We must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information, or your insurance changes and you fail to notify us in a timely manner, you will be responsible for the balance of a claim.

7. **Insurance Qualified Claims**: We will submit your claims and assist you in any way we can to help get your claims paid. Please be aware that the balance of your claim is your responsibility whether your insurance company pays or not. Your insurance benefit is a contract between you and the insurance company; we are not party to that contract.

8. **Credit and collection**: If your account is more than 60 days past due, you will receive a letter stating that you have 30 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance has remained unpaid, it may be sent to a collection agency. If an account is sent to collection, it is the policy of this office to discharge the patient and possibly immediate family members from the practice.

9. **Phone management fee**: There may be a $30 charge for complex or extensive phone consultations and/or after hours medical management services.

10. **Missed appointments**: Our policy is to charge $50 for missed appointments not canceled at least 24 hours prior to your scheduled time. These charges will be your responsibility and billed directly to you. Please help us serve you better by keeping your regularly scheduled appointment.

I have read and understand the financial policy and agree to abide by its guidelines, a copy is available upon request.

X _____ Date_____

Signature of Patient or Parent/Guardian