



Patient Financial Responsibility Agreement

The doctors and staff of Sleep Insights Medical Services, PLLC appreciate the confidence you have shown in choosing them to provide for your medical needs. We are committed to providing you with the highest quality healthcare. Please read and sign this form to acknowledge your understanding of our patient financial policies.

Patient Financial Responsibilities

- ❖ The patient (or patient's guardian, if a minor) is responsible for the payment for his/her treatment and care.
- ❖ Patients are responsible for the payment of copays, coinsurance, deductibles and all other procedures or treatment not covered by their insurance plan. Payment is due at the time of the service. We accept cash, checks, money orders, Visa and MasterCard.
- ❖ Patients may incur, and are responsible for the payment of the following additional charges:
 - ❖ A \$40 fee for all returned checks
 - ❖ While we understand there may be times when you miss an appointment due to emergencies or obligations, Sleep Insights requires a 24 hour notice on all cancelled appointments. A \$50 fee will be applied towards all no show office visits and \$100 fee for all no show sleep studies.

Insurance

The following are the patient's responsibility:

- ❖ Patients must bring their insurance card to each visit
- ❖ Notify our office of any changes to insurance/address/phone numbers
- ❖ Know their copays, benefits and coverage
- ❖ Determine if doctor(s) are in-network providers prior to first visit
- ❖ Pay for any allowed amounts not covered by insurance

*If you do not have insurance benefits, please contact the Billing Department to set up payment arrangements.

I have read, understand and agree to the provisions of this Patient Financial Responsibility Form. In the event of nonpayment or default, I am responsible for all costs and reasonable collection and/or attorney fees. Sleep Insights Medical, PLLC reserves the right to change or amend this statement at any time and at its discretion.

X

Signature of Patient/Responsible Party

Print Name

Date