



## Patient/Guarantor Responsibilities, Insurance Disclaimer & Private Pay Policies

I (name of patient/guarantor) \_\_\_\_\_ understand that if my insurance does not pay for my office visit or any other services performed for any reason, I remain fully responsible to pay for any or all of the services provided. It is the patient/guarantor's responsibility to understand how their insurance coverage works.

Initial here:

\_\_\_\_\_ It is the patient/guarantor's responsibility to determine if the provider/practice is IN or OUT of network with the patient's insurance by calling their insurance company. Patient/guarantor is **still responsible to pay for all services rendered** even if discovered non-covered/out of network after services rendered.

\_\_\_\_\_ It is the patient/guarantor's responsibility to update our office every time their insurance coverage changes, lapses, or terminates, prior to any services rendered. Patient/guarantor is **still responsible to pay for all services rendered** even if discovered non-covered/out of network due to change/lapse in insurance coverage, after services rendered.

\_\_\_\_\_ It is the patient/guarantor's responsibility to **come prepared to pay in full** for services rendered **on the day of the appointment at the time of service.**

\_\_\_\_\_ The patient/guarantor understands that failure to provide **twenty-four (24) hours or one (1) full business weekday** advanced notice of cancellation/rescheduling by phone, will result in an **automatic fifty dollars (\$50) No Show Fee** charged to the card on file. No Show Fees are not reimbursable by insurance and subject to change without notice. **No Show fees will NOT be refunded for any reason, as this is a non-recoverable loss of appointment time that would have been offered to another patient.**

\_\_\_\_\_ It is the patient/guarantor's responsibility to determine if their insurance **requires referral from their PCP**, and ensure it is received by our office, prior to every visit. Patient/guarantor understands that they will be **subject to No Show Fee** if appointment is cancelled with less twenty-four (24) hours or one (1) full business weekday advanced notice due to failure to ensure our office has their PCP's referral.

\_\_\_\_\_ If the patient/guarantor **No Shows or Cancels less than twenty-four (24) hours or one (1) full business weekday (as described above) 2 (two) times**, (consecutive or non-consecutive appointments), as a pre-requisite before scheduling a third (3rd) time and every subsequent appointment, they will be **required to pay a Security Deposit in the amount equivalent to our current Private Pay rate.**

1. If the patient/guarantor No Shows or Cancels less than twenty-four (24) hours or one (1) full business weekday on that 3rd appointment or any subsequent appointment, the patient/guarantor **forfeits the entire Security Deposit.**
2. If the patient/guarantor shows up on that 3rd appointment, then the **Security Deposit will be applied as a credit** toward that visit. This policy is subject to change on a case-by-base basis by management if consistent, reliable behavior is exhibited.

\_\_\_\_\_ The patient/guarantor understands that the practice does not offer payment plans as payment in full is due at the time of service, and **unpaid bills are reported to collection agency.** If the patient/guarantor's account is transferred to collections, **any and all fees assessed by the collection agency will be added to their balance.** Any patient with **unpaid bills forfeits any further services until all outstanding balances are paid in full.** Any patient sent to collections forfeits any future appointments.

\_\_\_\_\_ The patient/guarantor understands that private pay fees or any fees separate from insurance are **subject to change without notice.**

By signing below, I hereby acknowledge that I have received, reviewed, understand and agree to all of the above Patient/Guarantor Responsibilities, Insurance Disclaimer & Private Pay Policies of Lomibao Rheumatology & Wellness Care, PLLC.

\_\_\_\_\_  
Patient/Guarantor Signature

\_\_\_\_\_  
Date

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