

PATIENT FINANCIAL POLICY AND AGREEMENT

We are committed to providing you with the best possible care. If you have insurance, we will gladly accept assignment of benefits and file all insurance claims provided verification of your insurance policies allows assigned benefits and coverage for the services rendered.

Please read the following statements carefully. By signing below you agree that you have read and fully understand all statements contained herein.

I, the undersigned, understand that Med Diagnostic Rehab of South Florida will bill my insurance carrier for the services rendered upon verification of coverage from my insurance company. I also understand that should my insurance company fail to make payment for services rendered, I am fully responsible for all charges incurred, and will pay in full for all services. I understand that I am responsible for payment of any and all deductibles, and/or co-insurance amounts and the charges incurred are not subject to any fee schedule or reductions made by my insurance carrier. I also understand that if my treatment is due to an injury which results in litigation against a third party, this in no way relieves me of my obligation to pay for the services rendered. I understand that payment of the fees are not contingent upon settlement of a litigation; however, I hereby instruct my attorney to pay Med Diagnostic Rehab of South Florida in full, directly from the proceeds from any settlement or judgment rendered on my behalf.

EXPLANATION OF MEDICARE BENEFITS

Accepting assignment means that the provider of services agrees to accept the allowable charges as determined by Medicare as full payment. However, Medicare pays 80% if the allowable charges, therefore you are responsible for the 20% balance. In addition to the 20% you are also responsible for any amounts applied toward your annual Part B deductible and any non-covered charges.

SUPPLEMENTAL COVERAGE/CO-PAYMENT

Med Diagnostic Rehab of South Florida has explained to me that under Medicare guidelines, I will be responsible for the 20% of the allowable charge. As Superior Med Diagnostic Rehab of South Florida has agreed to accept assignment of benefits on this portion of the charges also, I understand that should the supplemental insurance company fail to pay for these charges within a "reasonable length of time", or send payment directly to me, I will become responsible for payment in full.

WORKER'S COMPENSATION COVERAGE

Med Diagnostic Rehab of South Florida agrees to treat and bill worker's compensation for preauthorized work related injuries per the Worker's Compensation Guidelines for the State of Florida. However, if for any reason Worker's Compensation denies liability for the treatment of the injury, I understand that I become responsible for full payment of the charges.

