



FINANCIAL RESPONSIBILITY STATEMENT

PATIENT NAME (PLEASE PRINT)

DATE OF BIRTH

Thank you for choosing Salem Sleep Medicine for your care. We appreciate the opportunity to serve your health care needs and look forward to getting to know you. If you have any questions or concerns, please feel free to discuss these with our staff. We provide personalized, high quality healthcare in the most cost-effective manner. This form was developed to explain and clarify our financial policies. Please read this carefully and sign where indicated. Your signature indicates that you have read and understood our policies and that you will honor the terms. We appreciate your cooperation.

Standard Payment Policy:

Co-pays for office visits are due at the time services are rendered. For your convenience, we accept Visa, Mastercard, checks and cash. For Medicare patients, our office accepts assignment and files claims with Medicare. Medicare patients are responsible for any coinsurance and deductible amounts. Medicare patients must present their Medicare card at the time of registration. We do file secondary insurance for Medicare patients. If you are an HMO/PPO (managed care) patient of a plan in which we participate, our office has agreed to accept the plan's fee schedule and file the claim with your insurance company. HMO/PPO patients are responsible for co-pays and deductibles at the time of service. HMO/PPO patients must present their insurance card at the time of registration. HMO/PPO patients are responsible for obtaining a referral number from your primary care physician.

Payment Policy:

We file insurance claims (including Medicare) for all patients. We inform you of estimated deductibles and co-insurance amounts for sleep studies. You will be billed for any balance due that is still remaining once insurance has paid its portion.

Assignment of Benefits:

All medical insurance benefits are paid directly to Salem Sleep Medicine, PC. You are financially responsible for all the charges whether or not paid by insurance. This form authorizes Salem Sleep Medicine, PC to release all information necessary to secure the payment of benefits.

Insurance Claims:

We make every effort to seek insurance reimbursement on covered services. Filing insurance is a service we provide to you; however, insurance is a contract between you and your carrier. Once your insurance company has paid, you will receive a bill for any remaining balance on the account.

Collection Efforts:

We work with you to make payment arrangements. If these efforts do not result in a resolution of the account, the account may be referred to a collection agency and the local credit bureau. Any collection fees incurred by our office are charged to your account.

Missed or Cancelled Appointments:

If you do not appear for your appointment or cancel your appointment less than 24 hours in advanced you may be charged a \$50.00 "no show" fee.

I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY WITH THE FINANCIAL POLICIES OF SALEM SLEEP MEDICINE, P.C.

Signature of Patient (or parent)

Date:
