Main Street Medical

FINANCIAL RESPONSIBILITY AGREEMENT

- Payment is required at the time of service. Payment may be made by cash, check or major credit card. Any deductible, co-insurance or co-payment is payable at the time of service.
- In the event the patient or guarantor does not pay the co-pay or deductable on the date of service, a ten dollar ($10) fee will be applied to the account upon each occurrence.
- The verification of insurance benefits does not guarantee payment of benefits at the time of service. The undersigned agrees, whether being the patient or guarantor, to guarantee payments of the account in accordance with the standard rates and terms of Main Street Medical. I further understand that any balance remaining after insurance approves or denies payment is my responsibility to pay.
- Main Street Medical will submit claims to the insurance companies that we participate with as part of our contractual agreement with them. If no payment has been made to us after ninety (90) days from the date of service the billed amount becomes the patient's responsibility. In the event a wrong insurance card is presented to us on the date of service it is the patient's responsibility to correct the insurance card associated with the claim prior to the 60th day of the date of service. No claims will be submitted to an insurance company after 90 days from the date of service.
- Main Street Medical reserves the right to add a twenty dollar ($20) late fee to the patient's account if payment has not been received by Main Street Medical after 60 days from the date the first bill was mailed. If no payment has been received within ninety (90) days, the balance on the account will be submitted to a collections agency. You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a max of 30% of the debt, and all costs and expenses, including reasonable attorney fees, we incur in such collection efforts.
- I authorize Main Street Medical to release any information to all my insurance carriers, third party payers, including Medicare or its agents, or the Social Security Administration, as may be required or requested for the processing of health insurance claims. I requested payment of the benefits to be made directly to Main Street Medical, P.C.
- If you have blood work that is sent to a lab (i.e. Quest, Lab Corp, Atherotech), you may receive a bill from that facility that is independent from our bill. You will be responsible for this bill.
- If your check is dishonored from your bank account you hereby understand that your account will be charged for the face value of the check plus a thirty dollar ($35) return check fee.

I have read and understood all of the above and have given truthful information to the best of my knowledge.

Printed Name:___________________________________ Date of Birth:_________________

Signature:______________________________________ Today's Date:_________________