



Paragon Sports Medicine, LLC Payment Policy

As part of our commitment to offer excellent medical and professional care to you and your family, we would like to present our office payment policy in order to minimize misunderstandings about fees. We ask for payment at the time of service. We will require payment at the time of check-in or check-out.

As a courtesy, we will file all applicable office and procedure charges with your insurance carrier(s). By your signature below, you authorize and request that insurance payments be made directly to Paragon Sports Medicine.

You are ultimately responsible for all charges. We advise that you familiarize yourself with your insurance benefits. Prior to any procedure, we will assist you in determining your portion of the bill. This usually includes any un-met deductible, copayment, and coinsurance amounts. A \$50 processing fee will be charged for all returned checks.

- PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED
- Any changes to your demographic information (i.e. address change, insurance change) must be brought to the attention of the office BEFORE the visit is completed.
- If you have insurance, please keep in mind that your insurance is a contract between you and insurance company. Our office CANNOT guarantee that your carrier will pay your claim. If your claim with your insurance company is denied, the obligation for the payment is the responsibility of the patient. Our office will not enter into a dispute with your insurance carrier over a claim, but we will be happy to assist you wherever possible.
- If an insurance payment is mistakenly sent to the patient, instead of the office for services rendered, the patient is expected to provide payment within 10 days of receipt along with the Explanation of Benefits (EOB).
- All cancelations or change in an office visit appointment must be made within 24 hours of a scheduled visit or you will be charged a \$75.00 fee that is NOT covered by insurance.
- If there is any financial hardship, our office will work with the patient to arrange a method of payment for services.

I have read, understood, and agree to all of the above.

X

Signature

Date