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| **PAYMENT INFORMATION:** We accept cash, checks, Mastercard, Visa and ATM. Payment is due at time of service for non-insured patients. Please provide your insurance cards for our office to copy. **All insurance co-payments are due at time of service.** |

**Assignment of Benefits:** I hereby assign all medical and/or surgical benefits to which I am entitled, including Medicare, private insurance, and any other plan, to Amethyst Medical Group. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize Amethyst Medical Group to release all necessary information to secure payment.

Signed by Patient or Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Relationship if other than patient:

We at Amethyst Medical Group are committed to providing the highest level of professional care and personal service. By selecting our medical group you have expressed confidence in our ability to meet this commitment.

Once you have finished reading this policy, please sign this form below and date where indicated to confirm that you have read and understand the following:

**PAYMENT PROCEDURE:**

For every commitment there is an obligation. At Amethyst Medical Group we are committed to providing quality medical care and services. Conversely, we feel it is the guardian/patient’s responsibility to meet their financial obligation.

As we see patients from many insurance plans, it is impossible for us to know all the covered benefits, co-pays and deductibles for each plan. While it is our intention to assist you, it is still your responsibility to ensure that all services rendered by Amethyst Medical Group on your behalf are paid in full within thirty (30) days of the statement date. In some instances Amethyst Medical Group cannot bill your insurance carrier for you such as third party claims. Interest will be charged on all delinquent balances. However, you will be provided all of the information necessary to submit a claim to your insurance company.

The patient is responsible for co-payments, co-insurance, deductibles and services not covered or approved by your insurance carrier if that carrier is contracted with Amethyst Medical Group. This financial responsibility also applies if your insurance carrier is not contracted with Amethyst Medical Group. Amethyst Medical Group will bill non-contracted insurances one time as a courtesy to you, however, the patient is responsible for all charges and must pay any charges not paid by the on-contracted insurance.

Please make every effort to let us know if your insurance carrier (primary or secondary insurance), or your personal information (home address, employer, phone number, emergency contact, etc.) has changed since your last visit. Amethyst Medical Group accepts cash, checks or major credit cards. Checks should be made payable to Amethyst Medical Group. **A $25.00 fee will be charged for all returned checks.**

I agree that I will be liable for any attorney fees and costs in the event of any collections of unpaid balances are deemed necessary by Amethyst Medical Group.

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Account Guarantor/ Responsible Party Signature Date