

**INSURANCE & FINANCIAL RESPONSIBILITY AGREEMENT**

Welcome to **CENTERVILLE MEDICAL CENTER**. We believe that you deserve the best care. That's why we always provide you with the best medical care possible to treat your personal situation. Each year we provide outstanding medical care to hundreds of patients. Some have medical benefits, but some don't. If you have medical benefits, congratulations! You are very fortunate. Here are some important things you should know:

**INITIAL:**

\_\_\_\_\_ ● Your medical benefits are based upon a contract made between you or your employer and an insurance company. If you have any questions regarding your medical benefits please contact your employer or insurance company directly. Most medical benefit plans will never pay 100% of you medical care. It is only meant to assist you.

\_\_\_\_\_ ● We will bill your insurance as a courtesy. If insurance does not pay within 45 days, we reserve the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare, but it is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Our office is not, and cannot be, a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office. Any delinquency on your account will result in a \$25 monthly late fee added to the account. In the event that we incur any expense in the collection of your account, expenses for collection agencies or court costs will be applied to your account.

\_\_\_\_\_ ● We currently accept all private pay, and most of the major commercial health insurance plans. This means that we work with literally hundreds of insurance companies. It is your responsibility to know if Dr. Osuagwu is a contracted in-network provider recognized by your insurance plan. Although we can maintain a computerized history of payments by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your insurance benefit, we will be happy to file a "pre-authorization" with your insurance company prior to treatment. Keep in mind that this is still not a guarantee of coverage. This does delay treatment, but will give you the best estimate of what your out-of-pocket figures will be.

\_\_\_\_\_ ● It is **your responsibility** to know if your insurance has any deductibles, co-payments, and age limits, exclusions, waiting periods, clauses or any other type of benefit limitation for the services received. Many times these exclusions are provided to employees only & are not made available to our staff when confirming benefits. They are your responsibility to know and we can only estimate based on what your insurance discloses to us.

\_\_\_\_\_ ● We do require payment in full for your estimated portion at the time of service. We accept all major credit cards, cash and checks. If your check payment has a non-sufficient fund and is returned to us there will be a \$25 fee. Any discount you may have at the time of service will be revoked, and your future payment must be in cash or debit card.

\_\_\_\_\_ ● A specific amount of time is reserved for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we do require **at least 24 hours'** notice to avoid a \$25 cancellation fee for office visit and a \$35 cancellation fee for Physical/Wellness visit. (Emergencies are an exception).

**I agree with the above conditions.**

\_\_\_\_\_  
Signature of Patient/Legally Authorized  
Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date