

SWAT Surgical Associates, L.L.P.

Patient Financial Responsibility

We are committed to providing you with the best possible surgical and medical care; if you have special needs; we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

1. The total patient balance due is required to be paid at the time services are provided. For your convenience, we accept cash, checks, Visa, MasterCard, Discover, and American Express.
2. Our office participates with a variety of insurance plans. It is your responsibility to:
 - Bring your insurance card at every visit
 - Be prepared to pay your co-payment and/or co-insurance at each visit. Payment can be made by cash, check, or credit card.
 - For medical care not covered, deemed medically unnecessary, or deemed cosmetic by your insurance company, payment in full is due at the time of the visit.
3. If you have insurance that we do not participate in, our office is happy to file the claim upon request; however, payment in full is required at the time of service. A deposit will be required for all surgeries.
4. If the total patient balance due cannot be paid in full, arrangements must be made prior to services being rendered. Failure to make arrangements with SWAT Surgical Associates, L.L.P. will result in the immediate collection turnover or payment in full.
5. Referrals: It is your responsibility to bring any required referrals for treatment at, or prior to the visit. If you do not have the referral, your visit may be rescheduled or you will be financially responsible for all services rendered.
6. If the patient is a minor (18 years or younger), the parent or guardian must sign below. The parent, guardian or unaccompanied minor is responsible for any payment due at time of service, bringing the necessary referrals and insurance card.
7. If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department.
8. If you fail to make payment in full for the services that are rendered to you, your outstanding balance will be sent to a collections agency. If you consistently refuse to pay for services rendered, SWAT Surgical Associates, L.L.P. may choose to cease providing services to you.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communications. Questions about financial arrangements should be asked prior to services provided.

Patient Signature _____

Date: _____