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## Payment Policy/Insurance Information/Medical Care Consent

Thank you for choosing Infinity Medical Clinic for your healthcare needs. We are committed to providing quality, affordable service. The following is a summary of our payment, insurance and medical care consent agreement.

- 1. General Information. We participate in most area insurance plans, excluding Medicare. Full payment is required at the time of service. Our prices are representative of the usual and customary charges for our area. Patients who do not have insurance are required to pay at the time of service.
- 2. Primary Care Physicians. Some insurance plans require specific physicians to be listed on the plan documents or insurance card before services are covered. If you participate in one of these plans, we can't see you until we have proof the physician you are scheduled with is listed on your insurance card.
- 3. Co-Payments and Deductibles. All co-payments and deductibles must be paid at time of service. This arrangement is part of your contract with your insurance company. Moreover, insurance companies require that we collect deductible and co-pays at the time of service, including televisits.
- **4. Non-covered Services.** Some services you receive may be non-covered, including labs done in office, procedures and televisits not considered reasonable or necessary by other insurers. You must pay for these services in full at the time of visit. Knowing which services are covered, and which is not, is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
- **5. Proof of Insurance.** We must obtain a copy of your valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.
- 6. Claims Submission. We will submit your claims and assist you in any way we can to help get your claim paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Regardless of your insurance company's payment for any one service, the balance of your account is your responsibility.
- 7. Coverage Changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive maximum benefit. If your insurance company does not pay your claim in 45 days the balance will automatically be