

# UNIVERSITY DIAGNOSTIC INSTITUTE

## FINANCIAL POLICY

University Diagnostic Institute welcomes you to our facility. We strive to provide you with exceptional care and our goal is to make your visit as convenient as possible.

**By signing below you confirm that you have read this policy and understand the following:**

- It is your responsibility to inform our office of any contact information changes including: address or phone number changes
- We request your account be kept current. All self-pay or insurance co-payments, co-insurances and deductibles will be collected at the time of service. Payable by cash, check, Visa or Mastercard.
- If you do not have your payment at the time of service, your appointment may be rescheduled.
- A returned check will result in a \$45 service charge and all future payments will be requested in the form of cash or credit card at the time of service.
- If your account is turned over to a collection agency, you will be responsible for any additional costs incurred in collection of said balance, which may include collection agency fees, court costs and attorney fees.

### Health Insurance Coverage:

**We are glad to submit your claims, however we emphasize that as medical providers, our relationship is with you, not your insurance company.** Although we attempt to verify your insurance benefits, please be advised this is only an estimate of your coverage based on the information provided to us at the time of inquiry.

**By signing below you confirm that you have read this policy and understand the following:**

- It is your responsibility to inform us of any insurance policy changes prior to your appointment.
- It is your responsibility to have your referral or authorization prior to your appointment.
- Authorizations and referrals are not a guarantee of payment.
- All services may not be covered under your insurance plan.
- It is your responsibility to be aware of what service or services are being provided to you and if it is covered under your insurance plan.
- You are responsible for all and any covered and non-covered charges not payable by your insurance company.
- Filing your insurance claim is a courtesy extended to you; all charges are always your responsibility from the date services are rendered.
- You may be billed directly if your insurance plan does not provide payment in an appropriate time frame.

We realize that temporary financial problems arise and may affect timely payment. We urge you to contact our office immediately for assistance in the management of your account. We are here to assist you, please do not hesitate to ask for our assistance.

I have read and understand the above Financial Policy and agree to meet all financial obligations.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Name (Print)

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date