

This Payment Policy is for your information only and should be kept to reference your payment options at Redirect Health Medical & Surgical Centers. The purpose of this document is to inform you that you are financially responsible for all charges, whether you pay for them yourself or your insurance company pays them for you. It is your responsibility to notify Redirect Health Medical & Surgical Centers of any changes to your account, including changes in insurance, address, telephone numbers, emergency contacts or any other personal information.

**Fees for Services**

You may ask check-in for a copy of our fee schedule. Our Fair Price Guide for time of service noninsurance prices is available online and printed at check-in.

**Payment at Time of Service**

Payment is requested on the day of your appointment. If you have medical insurance, we will estimate personal balance for the service after applying your deductible and co-insurance and ask that you pay that amount. For patients without health insurance, we require payment at the time your appointment is scheduled. If you need to make payment arrangements, please let us know and we will do everything we can to accommodate you.

**Options for Payment**

We accept cash, personal checks, Visa, MasterCard, Discover Card, Care Credit, and American Express. Payments can be made via our secure web site, [arrowheadhealth.com](http://arrowheadhealth.com), over the phone, through the mail or in person.

**Interest Charges**

Patient balances older than 30 days, without previous payment arrangements, may be subject to additional interest charges of 1.5% per month.

**Account Balances**

Our goal is to be understanding and cooperative with all of our patients. Our staff will work with you to set up payment arrangements if necessary. Patient payment accounts not fulfilled after 120 days will be considered delinquent and will then be referred to a collection agency. If the patient has been referred to a collection agency, future visits will be provided only on a same-day, cash-only basis. Collection fees will be added to the patient's account.

**Insurance**

As a service to you, we will file insurance claims for each of your policies. You will need to provide the clinic with all necessary insurance information. Please bring your insurance card to every visit. Please note, your insurance policy is an agreement between you and your insurance company to pay certain amounts for medical care. Your physician's bill is an agreement between you and Redirect Health Medical & Surgical Centers. You are responsible for full payment of your account, regardless of the status of your insurance claim.

**Other Services**

Occasionally, we will work with another provider within our facilities to provide the most complete care to you possible (a laboratory service, for example). These services are provided independently of the service you receive at Redirect Health Medical & Surgical Centers and may or may not be covered by your insurance. Please review your benefits for these services to familiarize yourself with your coverage.

I have read and agree to the above financial policy. The duration of this agreement is indefinite and continues until revoked in writing.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Today's Date