

**OLAYINKA BANKOLE, MD, PA
4513 N Armenia Avenue
Tampa, Florida 33603**

Financial Policy Statement

We would like to thank you for choosing, O Bankole, MD, PA and allowing us to provide your healthcare needs. Management as approved the policies listed herein with the goal of providing the fine care and service to our patients at the least cost. Care delivered by this facility will be administered regardless of race, color, creed, social status, national origin, disability or sex. We are committed to providing you with the best possible care. In order to accomplish this, we need your assistance in reading and understanding your financial responsibility and our payment policy.

Responsibility For The Bill

It is the expectation that all patients/ guarantors receiving services are financially responsible for timely payment of all charges occurred. While the clinic will file verified insurance for payment of the bill(s) as a courtesy to the patient, the patient/guarantor ultimately responsible for payment and agrees to pay the account(s) in accordance with regular rates and terms of the clinic in effect at the present time.

Point Of Service Collections

Payment for service is due at the time the service(s) is rendered and non-emergency services may be denied until the necessary payment arrangements have been accomplished. Payment will be accepted in cash, checks, MasterCard or Visa. We will be happy to file verified insurance on your behalf. Patient unable to comply with the Point-Of-Service policy will be referred to the financial counselor for necessary arrangements.

Payment Arrangements

The clinic will make a reasonable effort to assist patients in meeting their financial obligations. Financial arrangements for payments will be made at the clinic's discretion, based on the amount.

Patients Scheduling

Every effort will be made to schedule the patient at the patient's convenience. Patients will be advised of the clinic payment policy at the time appointments are made along with the best estimate of the cost of the office visits.

Acceptance Of Insurance/Verification

The clinic will accept "Assignment of Benefits" on verified insurance policies and submit a bill to the carrier on the patient's behalf. It is understood that insurance is filed as a courtesy to the patient and does not relieve the patient of financial responsibility. Claims filed will be held for 45 days pending payment. The patient will be responsible for payment in full on all claims not paid within the allowed period of time. Because of the wide range of insurance plans in effect the clinic will verify insurance coverage deductibles and other limits, prior to acceptance of payment of service.

Pre-Certification/Rejected Claims

The clinic will make every effort to pre-certify all services and procedures requiring same, provided the clinic are supplied with necessary information. Our staff is trained to assist you with insurance questions. Your employer or group health administrator can only address coverage issues. Although our assistance is available, we cannot act as mediator on your behalf.

Release Of Information/Health Care Liens

By signing our release of information form, you provide us with the authority to release such information as is necessary to collect from insurance companies and other third party payers. The clinic reserves the right to file healthcare liens against the patient and other responsible parties as deemed appropriate to protect the clinic's interest.

Patient Responsibility

Finances after insurance payments, are due within 30 days of the insurances payment, unless other satisfactory arrangements have been made with the clinic. Some insurance companies do not cover all services. It should be understood that by accepting services. The patient is responsible for payment regardless of the fact that insurance covers the service or not. The clinic reserves the right to request deposits and payment for outstanding balance. Deposits will be based on the outstanding balance plus the patient's balance of the bill for the new services to be performed.

Bad Debts/Legal Action

If the account is not paid full or satisfactory arrangements made within the allowable timeframes, the clinic reserves the right to refer the account to an attorney and/or a collection agency for the balance.

NAME _____ DATE _____

PATIENT SIGNATURE: _____