

FINANCIAL POLICY

We are delighted that you have chosen Optimum Health LLC as your healthcare provider, and we look forward to partnering with you to meet your healthcare needs. To ensure clear communication and prompt payment for services, it's essential that you are fully aware of your financial responsibilities concerning your care.

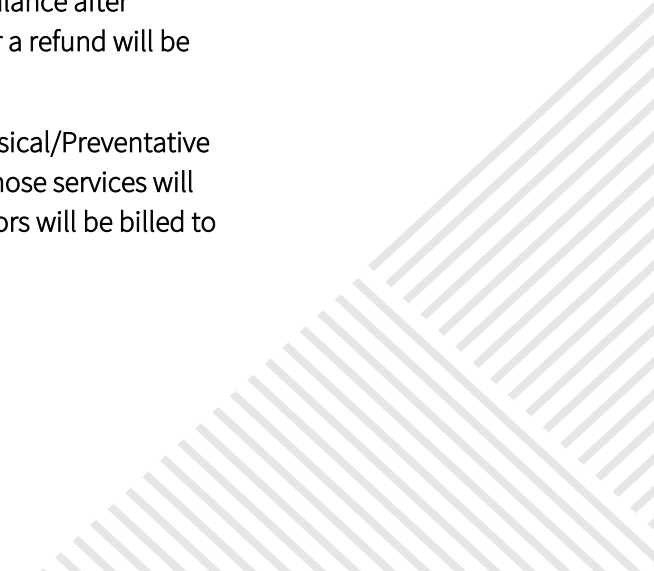
Before any medical services are provided, we ask that all patients sign our Authorization and Consent to Treatment form. This form confirms that you understand the necessity and appropriateness of the healthcare services we provide, and it outlines your financial obligations for the care you receive.

PATIENT RESPONSIBILITY

Patients, or their legal representatives, are responsible for all charges associated with the services we provide. We ask that payment be made at the time of your visit, covering both the current visit's charges and any outstanding balances. If your insurance provides immediate details regarding your financial responsibility, we will request that payment when you schedule your appointment or upon your arrival.

To make payments easier, we offer the option to securely save a credit card on file, which can be used to settle your account during check-in or check-out. You will receive an estimate of your out-of-pocket costs before or at the time of service. If there is a difference between the estimated and actual costs, a statement for any remaining balance will be sent to you. Should there be a credit balance after insurance payments, it will be applied to any existing balances, or a refund will be issued if no balances are due.

Please note that if you schedule an Annual Wellness Visit or a Physical/Preventative Exam but require or request additional services during the visit, those services will result in additional charges. Charges for services provided to minors will be billed to the custodial parent or legal guardian.



For uninsured patients who demonstrate financial need, financial assistance will be available upon completing the necessary forms. Additionally, payment plans will be offered for patients with large balances.

INSURANCE

We kindly ask all patients to bring their insurance card (if applicable) and a valid photo ID, such as a driver's license, to every appointment. If current insurance information is not provided, you will be considered self-pay and billed accordingly.

In most cases, we will submit claims directly to your insurance provider, as we accept assignment of benefits from many third-party carriers. You will be responsible for paying any portion of the charges that your insurance determines to be your responsibility.

Please be aware that our charges apply solely to physician services, and you will receive separate invoices from laboratories, radiology centers, or other diagnostic service providers.

It is your responsibility to understand the limitations of your insurance policy, including:

- Whether a referral or authorization is required for office visits. (If a referral or authorization is necessary and you do not have it, you will be billed as a self-pay patient.)
- What tests or procedures (such as lab work, radiology, etc.) are covered by your insurance. (If you opt for tests that are not covered, full payment will be required at the time of your visit.)
- Any applicable co-payments, coinsurance, or deductibles.

Our office will do everything possible to provide you with the information you need to determine costs with your insurance. However, it remains your responsibility to verify coverage. Our providers will order tests and procedures that they deem necessary for your treatment, but it is up to you to confirm whether these are covered by your insurance.

NO SURPRISES ACT / GOOD FAITH ESTIMATE OF CHARGES

If you do not have insurance or are not using insurance to pay for your care, you have the right to receive a "Good Faith Estimate" that outlines the expected costs of your medical services. Under the No Surprises Act, health care providers must offer this estimate to patients at Optimum Health LLC who are uninsured or not using insurance.

You are entitled to a Good Faith Estimate for the total anticipated cost of any non-emergency services. Ensure that you receive this estimate in writing at least one business day before your appointment and that you understand and agree with the terms provided. You can also request a Good Faith Estimate from your health care provider or any other provider before scheduling a service or procedure. If you receive a bill that exceeds your Good Faith Estimate by at least \$400, you have the right to dispute it. Be sure to keep a copy or a photo of your Good Faith Estimate.

For further questions or information about your rights regarding Good Faith Estimates, please visit www.cms.gov/nosurprises

CARD-ON-FILE PROCESS

At your check-in, you will be asked to provide a credit card for our secure storage. This card will be kept safely on file until your insurance processes their portion of the payment and informs us of any remaining balance. We will then notify you if there is an outstanding amount, which will be charged to your card within five (5) days from the date of our notice. If you have any questions about your balance, please feel free to contact our office.

Our "Card-on-File" program is designed to make the payment process easier for you while helping to streamline our administrative tasks. This approach reduces paperwork and can ultimately help lower healthcare costs. You can view your statements through your patient portal, and our staff is always available to assist with any questions you will have about your balance.

If you have any concerns or questions about our card-on-file payment method, please let us know. We're here to help!

YOUR RESPONSIBILITIES

Outstanding Balances: After your visit, we will send you a statement via mail and electronically if there is any remaining balance. Statements are issued once the balance is determined to be your responsibility and are due upon receipt. If you have an outstanding balance when you return for another visit, we will request payment for both the new visit and the previous balance. You can conveniently pay your outstanding balances through our patient portal using a credit/debit card, or by mailing your payment information or check to the billing address provided. Alternatively, payments can be made in person at our office using a credit/debit card, check, or cash.

To help manage your account, please note that a finance charge of 1% will be applied to your balance each month if it's not paid in full. If an outstanding balance extends

beyond ninety (90) days, it will be referred to a collection agency, which could involve a collection fee of up to 20% of the balance, or as permitted by state law. Additionally, if you have unpaid accounts, you will need to make special arrangements before scheduling any further services.

No-Shows: If you miss an appointment or do not notify us of any changes to the scheduled time and date, a fee will be charged: \$50.00 for missed regular appointments, \$100.00 for missed preventative exams or annual wellness visits, and \$200.00 for missed procedures. This fee must be paid before you can schedule another appointment and cannot be billed to your insurance.

Interpreter and Translation Services: If you request interpreter or translation services and miss your appointment without canceling at least forty-eight (48) hours in advance, you will be charged for the service costs incurred by our office.

We appreciate your understanding and cooperation with our financial policies and want to thank you for choosing Optimum Health LLC for your healthcare needs. If you have any questions or need more clarification, please contact our office. We look forward to continuing to provide you with excellent care.



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