



HST PATIENT FINANCIAL RESPONSIBILITY AGREEMENT

PATIENT FINANCIAL RESPONSIBILITIES

Before we will mail you the HST or before you (or patient's guardian, if a minor) can pick it up:

- You must have paid your co-payment in full or have agreed to a payment plan.
- All necessary paperwork/agreements must be filled out and signed.

You may incur and are responsible for paying a \$40 fee for all returned checks.

If you have a deductible plan that has not been met yet you will be responsible for the full allowed amount until it is met. Any overpayments will be applied to any following appointments or refunded in full.

If picked up at one of our locations, the HST must be returned to Sleep Insights within 24 hours. If the HST was mailed to you, you must send the unit back within 72 hours of receipt.

A \$50 charge will be added to your bill for every day you are late returning your HST device. If the HST has not been returned to Sleep Insights within 30 days of the date it was dispensed, Sleep Insights will consider the device stolen and you will be billed for the total cost of the HST unit.

INSURANCE

The following are the patient's responsibility:

- Know your coinsurance, deductibles, benefits and coverage.
- Notify our office of any changes to insurance/address/phone numbers.
 - *If there is a change in insurance and we are not notified prior to the change or we do not accept the new insurance, you may be responsible for payment in full.*
- Pay for any allowed amounts not covered by insurance

I have read, understand and agree to the provisions of this HST Patient Financial Responsibility Agreement. In the event of nonpayment or default, I am responsible for all costs and reasonable collection and/or attorney fees. Sleep Insights Medical Associates, PLLC reserves the right to change or amend this statement at any time and at its discretion.

X

Signature of Patient/Responsible Party

Print Name

Date