

**SW Florida Medical Center for Age Management, Wellness and Rejuvenation  
FINANCIAL POLICY**

Thank you for choosing Robert. Watine as your health care provider. It is our goal to meet patient needs and address patient concerns effectively.

We would like to share our financial policy. In an effort to keep patients informed about such policies, we ask that all patients read and sign a copy of our Financial Policy prior to receiving treatment.

**PAYMENT POLICY AGREEMENTS** are presented for completion and signature prior to treatment

**PAYMENT** is expected at the time the services are rendered. This includes all deductibles, co-insurance, and co-payments. Patients who have an insurance carrier with whom this practice has a valid contract will be responsible for all fees as outlined in the patient's contract agreement. If your insurance company does not pay – You are responsible for 100% of the fees.

**DEPOSITS** are collected for all procedures over \$250.00. The deposit is to be paid prior to the actual date of the procedure.

**INSURANCE** is filed for all primary and secondary insurance companies.

**RETURNED CHECKS** will result in a \$25.00 service charge. The check amount plus the service charge is to be paid within 10 days of notification. Failure to pay in full in 10 days will result in collection through the magistrate court.

**STATEMENTS & BILLING CORRESPONDENCE** are sent to update the patient as to the status of the account and whether your insurance company had fulfilled their obligation to you, the policy owner, to pay claims in a timely manner.

**DELINQUENT ACCOUNTS** are sent to collection 90 days from the date the service was rendered. Patients having financial difficulties are encouraged to discuss them frankly with our financial counselor before the account becomes delinquent.

**MOTOR VEHICLE CLAIMS** are not filed.

**WORKERS COMPENSATION CLAIMS** are not filed.

I have read the Financial Policy of Robert Watine, MD I understand and agree to adhere to the policies as outlines.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date