



3255 Forest Hill Blvd Suite 103 Palm Springs, Florida 33406  
Phone: 561.964.4577 Fax: 561.964.7772  
[www.somamedicalcenter.com](http://www.somamedicalcenter.com)

## **Patient Financial Policy**

Soma Medical Center has adopted the following financial policies to reduce confusion and misunderstanding between our office and our patients. If you have any questions regarding these policies, please discuss them with our office manager. We are dedicated to providing the top care possible and consider your understanding of your financial responsibilities an essential element of your care and treatment.

Unless other arrangements have been made in advanced by either you or your health insurance carrier, full payment is due at the time of service. For your convenience we accept Discover, Mastercard, American Express, and Visa.

Your insurance:

- We have made prior arrangements with many insurers and health plans to accept and assignment of benefits. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized co-payment, co-insurance, or deductible at the time of service. This office's policy is to collect when you arrive for your appointment.
- If you have insurance coverage with a plan for which we do not have a prior agreement, the charges for your care and treatment are due at the time of service.
- In the event that your health plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
- We will bill your health plan for all services provided in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.

---

I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand that the practice may amend such terms from time to time.

---

Printed name of Patient

Date: \_\_\_\_\_