



Financial Agreement

Thank you for choosing Spring of Youth Medical Group (SOY) as your healthcare provider. We are committed to providing you the best possible service at the lowest possible price. The following is a statement of our financial agreement which we require you to sign before treatment.

SOY accepts payment for professional services in the form of insurance, cash, credit card or patient financing. All patients will be required to establish a financial arrangement when services are rendered. The patient is responsible for **ALL CO-PAYS AND CO-INSURANCE COSTS** that insurance does not cover. It is the patient's responsibility to check their specific benefits provided by their insurance company. Our office will check your co-insurance requirements and file the claims. These amounts will be collected **prior** to service unless previous arrangements have been made with the office manager.

Some insurance will not pre-approve procedures. In this case SOY follows the guidelines of the insurance company, but in some instances the insurance may still refuse to pay. In these cases the patient is responsible for payment in full.

All **self pay** patients are required to pay **at the time of service**, for the consult as well as the procedure unless previous arrangements have been made with the office manager.

****IF A PATIENT HAS A DEDUCTIBLE OR OUT OF POCKET EXPENSE WITH THIER INSURANCE COMPANY THAT HAS NOT BEEN MET, PLEASE BE AWARE THAT THESE CHARGES WILL BE CHARGED TO THE PATIENT ONCE THE INSURANCE COMPANY TRANSFERS THE DECUCTIBLE TO THE PATIENT.****

I HAVE READ, UNDERSTAND AND AGREE TO THE FINANCIAL AGREEMENT.

Signature of Patient or Responsible Party

Date

Signature of SOY Staff