



Zoviell's

Family Medical and Behavioral Health Care, LLC

7 Lakeland Circle
Suite 500
Jackson, MS 39216

Phone: 601-203-2906

Statement of Financial Policy

Thank you for choosing us as your health care provider. We are committed to the success of your treatment and care. Please understand that payment of your bill is part of this treatment and care. The following is our statement of Financial Policy, which we require all of our patients to read, understand, and sign prior to any non-emergent treatment or care.

In order for us to successfully bill your insurance company, we need complete information and require a copy of your insurance card prior to your initial visit.

About Your Insurance Coverage:

- ☐ Medicare/Medicaid, as required, we will file claims with Medicare and/or Medicaid. You are responsible to pay all Medicare co-payments and for services not covered under the Medicare program. If you are covered by Medicaid, you are responsible for providing proof of current coverage and any applicable spend-down amount.
- ☐ Commercial/indemnity insurance, your policy is a contract between you and your insurance company. Since we are not a party to that contract, your account balance is your responsibility whether your insurance pays or not. As a courtesy, we will file a claim on your behalf. However, if your insurance does not pay within 60 days, you will be responsible to pay the balance of unpaid charges and follow-up with your insurance directly.

When is Payment Due:

Payment is due at the time services are rendered, if you have co-payments or for services not covered (most of our services are covered). Any services that are not expected be covered are explained to you prior to rendering such services.

Methods of Payment:

All Copays are due prior to receiving services, we accept cash, checks, and all major credit/debit cards. Checks must be made payable to Zoviell's Family Medical and Behavioral Health Care, LLC

Returned Checks:

The fee for all checks returned for insufficient funds is \$30.00. This fee will be automatically charged to your account when your check is returned from the bank.

Past Due Account Balances:

If your account balance becomes past due, appropriate action will be taken to collect the amount due. If you have issues that prevent you from paying the full balance due, please contact our Business Office so we can help find a solution. If your account is in Collection, you may be dismissed from all **Zoviell's Family Medical and Behavioral Health Care, LLC** practices and no longer eligible for services until your balance is paid in full.

Thank you for reading and understanding our Statement of Financial Policy. Please let our Practice or Business Office know, if you have any questions or concerns.

Patient Signature _____

Witness Signature _____