



Primary Medicine of Sunnyvale

PATIENT FINANCIAL RESPONSIBILITY AND INSURANCE CONSENT FORM- Primary Medicine of Sunnyvale.

This form establishes a formal agreement between the healthcare provider and the patient regarding insurance billing procedures, out-of-network costs, and ultimate payment liability under Texas and federal laws.

- **Patient Name:** _____
- **Date of Birth:** _____
- **Insurance Carrier:** _____
- **Policy ID Number:** _____

1. Assignment of Benefits

- I authorize payment directly to this provider.
- This applies to all medical insurance benefits.
- It covers services rendered to me.
- A photocopy of this form is valid.
- It acts as an original signature.

2. Insurance Verification & Claims

- We bill your insurance as a courtesy.
- Verification of benefits does not guarantee payment.
- Your insurance company makes the final determination.
- You must provide accurate, updated insurance info.
- Unpaid claims due to incorrect info are yours.

3. Patient Financial Responsibility

- You are responsible for all non-covered services.
- This includes deductibles, co-payments, and co-insurance.
- Co-payments are due at the time of service.
- You must pay balances insurance deems your responsibility.
- Payments are due upon receipt of our statement.

4. Texas Surprise Billing Protections

- We comply with the Texas No Surprises Act.
- Out-of-network emergency care is protected from balance billing.
- Certain facility-based out-of-network services are protected.
- You are only responsible for in-network cost-sharing.
- Non-emergency out-of-network care requires prior written consent.

5. Non-Covered Services Notice

- Insurance does not cover all healthcare services.
- Some services are deemed "not medically necessary."
- You agree to pay for these services fully.
- We will attempt to notify you beforehand.

6. Past Due Accounts

- Unpaid balances face external collection agency action.
- You bear all collection and legal fees.
- Failure to pay may terminate our provider-patient relationship.
- **Dismissed patients may request a 30-day emergency supply.**
- **This covers standard medications and refills only.**
- **This 30-day window allows you to find new care.**
- **Contact the clinic's billing manager immediately to set up a payment plan**

Emergencies: If you have an emergency, go to the nearest emergency room. Under federal law (EMTALA), ERs must evaluate and stabilize you regardless of your ability to pay or past medical debt.

Acknowledgment & Signature

I have read, understood, and agree to this financial policy. I accept ultimate financial responsibility for all services provided.

Patient/Guardian Signature: _____

Date: _____

Relationship to Patient: _____