**STEVEN V. GUPTA, M.D.**
Bee Ridge Family Practice 4541 Bee Ridge Road • Sarasota, FL 34233
**Telephone (941) 371-9355 • FAX (941) 379-8825 • Answering Service (941) 203-7536**

# FINANCIAL POLICY

**All patients without** insurance shall be required to **pay in full** for medical services **at the time of service. No checks are accepted from new patients. We accept cash, debit cards, and credit cards.**

After your third visit with us, we will accept your check, but please note that any returned checks will have a $35.00 fee, **no exceptions**, and the money must be paid within 10 days, cash or credit card only. It will also result in termination of check writing privileges.

**I fully understand I am responsible for any and all charges my insurance does not cover.** Our office visit charges **vary** depending on the **amount of time spent with you** and the **complexity** of the visit. If an outstanding balance is not resolved within 60 days, your name will be reported to the credit bureaus.

**HOW DEDUCTIBLES WORK:** When your insurance says they applied your office visit to your deductible, it means they **DID NOT** pay us. This is the amount you pay until your insurance starts paying. **This is your out-of-pocket expense. YOU OWE THE BALANCE.**

**I fully understand that if I am terminated from this practice or decide to seek medical attention elsewhere, I am still responsible for the balance on my account. I understand there is an administrative fee for copying my medical records.**

Invoices not paid within 30 days will be considered overdue. A finance charge will be assessed at an annual rate of 18% or the maximum allowable rate by state law, whichever is greater, on all overdue invoices until payment is received by the office. We will charge you a fee of $35.00 for any returned checks. If the matter is referred for collection, you are responsible for all costs, expenses (including any collection charges) and attorney's fees. A Forty percent charge will automatically be added to your balance when sent to a collection agency.

We do not participate with Blue Cross Blue Shield for services related to chronic opioid pain management, opioid detoxification, and psychiatry related issues. This had been discussed with the clinician at the initial consultation and the patient was fully aware of their responsibilities before the Doctor patient relationship had been established, we will not be able to bill for these services. I hereby agree and accept full financial responsibility for any non-covered services.

**By signing below, I agree to this as a condition to establishing a doctor/patient relationship with Dr. Gupta and Bee Ridge Family Practice**.

Patient Signature: ____________________________________________ Date:_____________

Printed Name: ________________________________________________