

SUSAN C. BRILEY, M.D.

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Financial Policy Sheet

We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff.

Unless other arrangements have been made in advance by either you or your health coverage carrier, full payment is due at the time of service. For your convenience we accept VISA and MASTERCARD.

Your Insurance

We have made prior arrangements with many insurers and other health plans. We will bill those plans with which we have an agreement and will collect any required copayment at the time of service. In the event your health plan determines a service to be "not covered"; you will be responsible for the complete charge. In that event we will bill you and payment is due upon receipt of that statement.

If you have insurance coverage with a plan with which we do not have a prior agreement, we will prepare and send the claim for you, on an unassigned basis. In this case, your insurer will send the payment directly to you. Therefore, charges for your care and treatment are due at the time of service.

We will also bill your health care for services we provide in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.

Minor Patients

For all services rendered to minor patients the adult accompanying the patient is responsible for payment.

Payment Agreement

In any event this account is referred to an outside agency, credit reporting bureau or attorney for collection, I agree to pay all attorney fees, collection costs and/or any other expenses incurred in its collection according to 1989 statutes of the State of Tennessee.

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

Signature of Patient or Responsible Party if a Minor

Date

Signature of Co-responsible Party