

## Statement of Financial Responsibility

Thank you for choosing Adventist HealthCare Adventist Medical Group for your healthcare needs. We are committed to providing you with the highest quality healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies.

### **Patient Financial Responsibilities:**

The patient (or patient's guardian, if a minor) is ultimately responsible for the payment for treatment and care.

- We will bill your insurance for you. However, the patient is required to provide the most correct and updated information regarding insurance.
- Services will be billed by the billing agent Key Medical billing service.
- Patients are responsible for payment of copays, coinsurance, deductibles, and all other procedures or treatment not covered by their insurance plan.
- Copays are due at the time of service.
- Coinsurance, deductibles and non-covered items are due 30 days from receipt of billing.
- Patients may incur, and are responsible for payment of additional charges, if applicable.

By my signature below, I understand that I am financially responsible for any and all charges not covered by my health insurer for services provided by Adventist Health Adventist Medical Group.

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Signature

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Date

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Print Name