CADILLAC SURGICAL CARE, P.C
Financial Policy

Thank you for selecting our facility for your medical needs. In order to prevent any misunderstanding concerning responsibility for payment, the following information outlines Cadillac Surgical Care's financial and billing policies including any provider that we bill for.

Cadillac Surgical Care will file your claim to the insurance(s) indicated as a courtesy to you. Our business office staff will make every attempt to receive payment from your insurance(s) carrier(s). If we are unable to successfully collect reimbursement from your carrier, then Cadillac Surgical Care will seek payment from the guarantor indicated.

Cadillac Surgical Care supports the policy of collecting deductibles, co-pays, and any other related out-of-pocket expenses at time of service.

If for some reason you are unable to pay at time of service, you will be asked to speak with a financial counselor to establish payment arrangements. It is our goal to service your medical needs while accommodating any financial issues you may have.

I authorize the release of any medical information necessary to process any claims.

I authorize my insurance carrier to pay medical benefits directly to Cadillac Surgical Care, P.C on my behalf.

I have read all the information above and agree that, regardless of the insurance status, I am responsible for any outstanding charges as a result of the professional services provided.

_____ _____

Signature of Patient (or Guardian) **Date**

Authorization to Release Information

I_____ (Name of Patient/Guardian/Guarantor) acknowledge that I have had the full opportunity to receive and read the Notice of Privacy Practices from Cadillac Surgical Care.

_____
Signature of Patient/Guardian/Guarantor

Cadillac Surgical Care may disclose health information about you to the family members or friends listed below.

1._____

2_____

3._____