

Our Financial Policy

Finance Charge: A finance charge will be imposed on each item of your account which has not been paid within thirty (30) days of the time the item was added to the account. The **FINANCE CHARGE** will be computed at the rate of one percent (1%) per month or an **ANNUAL PERCENTAGE RATE** of (12%). The finance charge on your account is computed by applying the periodic rate (1%) to the “overdue balance” of your account. The “overdue balance” is calculated by taking the balance owed over thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time. The minimum Finance Charge is \$.50

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which were incurred. If we have to refer the collection of the balance to a lawyer, you agree to pay all lawyers fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Hillsborough County, FL.

Returned Checks: There is a fee (currently \$25) for any checks returned by the bank

Electronic Funds Transfer: Patient authorizes Care Plus Walk-in Clinic to convert check and debt personal account for the sale amount via draft or Electronic Funds Transfer (EFT). In the event that the draft or EFT is returned unpaid, Patient agrees to pay and have personal account debited electronically for an item fee of \$25 plus any applicable taxes.

Missed Appointment Fee: When a patient does not show up for an appointment, or cancels with less than 24 hours notice, a \$25 fee will be charged. This fee must be paid before a new appointment is scheduled. Patients with three missed appointments will be asked to transfer their records to another doctor.

Waiver of Confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Filling Paperwork: Any additional paperwork, such as FMLA/Disability, will require a fee of \$15 to be prepaid. Please allow at least 2 working days for us to complete such paperwork.

Transferring of Records: You will need to request, in writing, and pay a reasonable copying fee, (currently \$1.00 per page for the first 25 pages and \$.25 per page for pages 26 and up), if you want to have copies of your records. You authorize us to include all relevant information, including your payment history **upon request**. If you are requesting your records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information, including your payment history.

Workers' Compensation: We require written approval/authorization by your employer and/or workers' compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full.

Personal Injury: If you are being treated as part of a personal injury lawsuit or claim, we require verification from your attorney prior to your initial visit. In addition to this verification, we require that you allow us to bill your health insurance. In the absence of insurance, other financial arrangements may be discussed. Payment of the bill remains the patient's responsibility. We cannot bill your attorney for charges incurred due to a personal injury case.

Co-Signature: If this or another Financial Policy is signed by another person, that co-signature remains in effect until cancelled in writing. If written cancellation is received, it becomes effect with any subsequent charges.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Patient Signature

Date

Legal Parent/Guardian

Date

Care Plus Walk-in Clinic
Brandon
519A E Bloomingdale Ave
Brandon, FL 33511
(813) 655-400

Care Plus Walk-in Clinic
Carrollwood
16688 N Dale Mabry Hwy
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(813) 964-9200

Care Plus Walk-in Clinic
New Tampa
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Tampa, FL 33613
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Care Plus Walk-in Clinic
Riverview
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Riverview, FL 33578
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