Southside Medical Center

Financial Policy

Southside Medical Center is a participating provider with many insurance plans and we file to plans as a courtesy to the patient. It is the responsibility of the patient to verify our participation with their plan. It is also the patient's responsibility to pay in full for services should Southside Medical Center not be listed as a preferred provider with their plans.

As a new patient, we do require a deposit on your account of $130.00. This is to cover any deductible that has not been met or any non-covered services. Once the insurance carrier has sent the Explanation of Benefits, we can determine if any refund is due to you.

The following are our financial guidelines relative to financial responsibility:

1. Payment in full is expected at the time of service. This includes co-pays, co-insurance, and deductibles. All co-pays will be collected at check in.
2. We accept cash, money order, Mastercard, Visa, American Express, or Discover.
3. Any previous account balances must be paid in full prior to receiving additional services.
4. It is our policy not to extend professional courtesy discounts.
5. Not all insurances cover all services. It is the patient's responsibility to check with your insurance company to determine covered benefits.
6. There is a fee for the reproduction of medical records.
7. Account balances can be paid by mail or by phone.
8. The majority of the labs drawn in our office are sent to Quest Laboratories. You will receive separate billing from Quest for these services. It is the patient's responsibility to inform the nurse and/or lab tech prior to testing if their insurance contracts with another lab company.
9. A parent or legal guardian must accompany patients under 16 years old. This accompanying adult is responsible for payment of the account.
10. If you are not covered by insurance and are considered a self-pay patient, we require that you make payment in full up front at the time of service.

Please provide us with current and updated information on yourself and your insurance plan. Also, please do not discuss the financial aspect of your care with the physician. It is important for him to be allowed to practice medicine and provide patient care. If you have any questions or concerns, please contact our billing department at 864-288-2006.

I have read, understand, and agree to the above financial policy. I understand that charges not covered by my insurance company, as well as applicable co-pays and deductibles are my responsibility.

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Signature Date