

Time-of-Service Payment Policy

Thank you for choosing Lubbock Primary Care for your healthcare needs. We are committed to providing our patients the best quality and affordable healthcare. This policy is intended to help our patients understand payment expectations. Please remember that it is your responsibility as a patient to know and understand your own insurance benefits prior to being treated at our office. Please review the following policy guidelines carefully and let us know if you have any questions.

- **Lubbock Primary Care** will file a claim to your insurance. However, any payment that is due at time service must be collected during the check in process at each visit. We accept cash, check, Visa, MasterCard, American Express, and Discover.
- **Lubbock Primary Care** allows patients to keep a credit card on file to pay for services.
- **Lubbock Primary Care** will verify benefits and eligibility for all patients prior to being seen by the provider. Please be aware that verification of benefits is limited to basic coverage information and is not a guarantee of payment.
- It is the patient’s responsibility to verify (prior to being treated) that the treating provider is covered under their insurance plan.
- All copays, deductibles, coinsurance, and non-covered services must be paid in full at the time of your visit.
- Patients may be asked to pay a deposit prior to their visit.
- Qualifying patients will receive a discount at time-of-service for prompt payment.
- Patients are expected to pay previous account balances in full prior to their next visit.
- It is the patient’s responsibility to know his/her insurance benefits.
- It is the patient’s responsibility to obtain a referral, if needed, prior to the visit.
- It is the patient’s responsibility to provide a copy of the current insurance card at each visit.
- It is the patient’s responsibility to provide current address and phone number at each visit.
- **Lubbock Primary Care** allows payment plans to qualifying patients.
- **Lubbock Primary Care** reserves the right to refer your account to a collections agency for unpaid balances.

I have read and understand the payment policy and agree to abide by its guidelines. I acknowledge that it is my responsibility to contact my insurance prior to my visit regarding any plan, network, benefit, eligibility, and payment concerns I may have:

 Patient Signature

 Date

 Print Name

 DOB