
Patient's Name

DOB

MRN

It is the policy of Palmetto Health – USC Medical Group to provide the most efficient and reasonable health care services. Therefore, it is necessary for us to have a Financial Policy and Disclosure stating our requirements for payment for services provided to all patients.

Patients are responsible for the payment of all services provided by Palmetto Health – USC Medical Group.

Self-Pay Policy

- If you are a self-pay patient, you will be required to pay for the office visit before services are rendered
- In addition, any remaining balance on your account after receiving treatment will be collected at discharge.

Insurance Policy

- If you are a patient with insurance, it is our policy to file for insurance as a courtesy to you, if we have accurate and complete insurance information.
- If a service is provided that is not covered by your insurance company, you will be the responsible party at the time of service.
- If we have not received a payment from your insurance company within sixty (60) days after the claim has been filed, you will be responsible for the balance due.
- Deductibles, co-payments, and coinsurance will be collected before services are rendered.
- In special cases, we may need your help in contacting your insurance company for the payment of your services.
- If you do not want PHUSCMG to file to your insurance, please inform the registration staff at check-in. Services not filed to your insurance will be considered self-pay, and payment is due at time of service.

Past Due Balances

- All over-due patient balances will be sent to collections.
- All accounts sent to collections will be charged a 20% collection fee in addition to the account balance.

To help in this policy, we ask that you assist us by:

- Providing us with current and updated information on yourself and your insurance company.
- Presenting an updated photo identification card and insurance card when changes are made.
- Making the appropriate payment at the time of service, whether it is a deductible, co-pay, coinsurance, or for the full amount if you are a Self-Pay Patient.

In order to provide the best medical care, we ask that you do not discuss your account balance or financial aspects with the physician(s) or medical team members. Please discuss any account information with the checkout associate or front desk members.

Patient's Signature or Legally Qualified Representative

Date/Time

Patient/Guardian Print Name

Relation to Patient

Palmetto Health-USC Medical Group Representative

Date/Time