

Financial Responsibility Consent

Thank you for choosing [USAP Continuum Partners of Florida, Inc.]

We are committed to providing you with the highest quality care.

We ask that you read and acknowledge your understanding of our patient financial policies.

The patient (or patient's guardian, if a minor) is ultimately responsible for the payment for treatment and care.

- We will bill your insurance for you. Services will be billed by our billing service. However, the patient is required to provide the most correct and updated information regarding insurance.
- Patients are responsible for payment of copays, coinsurance, deductibles and all other procedures or treatment not covered by their insurance plan.
- Copays are due at the time of service. Coinsurance, deductibles and non-covered items are due 30 days from receipt of billing.
- Patients may incur, and are responsible for payment of additional charges, if applicable.

By signing this consent you agree to:

- I hereby authorize payment directly to you of insurance benefits otherwise payable to me.
- Accept responsibility for any charges not covered by insurance.
- Understand that if your insurance is inactive when services are provided, you must pay in full.
- I understand that you may provide an estimate of my insurance benefits but that I am responsible for providing correct insurance information and the payment for treatment and care. I can call USAP's Patient Advocacy number 1-833-479-0697 to request an estimate.
- I understand that if my health insurance is not applicable when services are rendered, then I am financially responsible for full payment of all charges, if any, not covered by my health insurance at the time services are rendered.
- I understand that if I have questions or concerns related to USAP's financial responsibility policies, I can email PatientAdvocacy@usap.com or call USAP's Patient Advocacy number 1-833-479-0697.

[Signature]

[Name]

[Date]

Last updated: August 2025