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## INFUSION THERAPY FINANCIAL AGREEMENT

Your insurance is a contract between you and your insurance carrier. We provide our patients the service of preparing insurance claim forms for infusion therapy; however, the ultimate responsibility for payment to us rests with the patient. HCID cannot accept responsibility for collecting from your insurance or for negotiating for a settlement on a disputed claim.

After our Insurance Coordinator has verified your insurance coverage, we will notify you of the estimated portion of your bill not covered by insurance. We require that this estimate be paid in full prior to the administration of any medication. For Home Infusion patients, payment is due in full for any medicine dispensed. Please speak with the office if you are in need of other payment arrangements.

Further medication extensions/charges, if any, will increase your balance. Several procedures that carry an additional charge are:

Wound Care  
Dressing Changes  
Medication Refills  
Physician Visits

Immunizations/Injections  
Lab Draws  
PAC Access/Deaccess  
Home Infusion Training

Please familiarize yourself with your insurance plan and its benefits for infusion therapy. You are responsible to make prompt payments and to keep any payment plans current; failure to do so may result in termination of your care

Our infusion therapy care is limited to our Infusion Suite only. If your insurance covers Home Infusion it will be for the self-administration of IV antibiotics. HCID doesn't offer Home Health Care. Medicare (including Medicare Replacement Plans) doesn't offer benefits for Home IV Therapy.

As the patient, you are the responsible party for your bill, and, by signing this agreement, you are indicating your understanding of the above agreement and are accepting financial responsibility.

It is HCID's objective and desire to provide you with the best possible care; therefore, your comments and suggestions as to how we can better serve you will be greatly appreciated.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_