



with MUSC Health

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Date of Birth

## Tribe513 Payment Policies

We are committed to providing all of our patients with the very best service at each and every visit. In return, we ask that you please read and adhere to the following policies, which pertain to services rendered at all Tribe513 practices and related entities. For a list of Tribe513 practices to whom these policies apply, please visit [www.tribe513.org](http://www.tribe513.org).

### Proof of Insurance

We participate in most insurance plans. If you are not insured by a plan we do business with or do not have insurance, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage.

### Co-payments and Balances Due

If applicable, all co-pays and outstanding account balances must be paid at the time of each visit.

### Claims Submission

As a courtesy to you, we will submit your claims to your insurance provider following each visit to our practice. After processing with your insurance provider, we will send you a billing statement from Tribe513 for any remaining uncovered charges. We ask that you provide payment in full for all services rendered immediately upon receipt of each billing statement.

### Non-covered Services

Please be aware that some, and perhaps all, of the services you receive may be non-covered or not considered reasonable or necessary by your insurance company. Since all insurance plans are different, please contact your insurance company or HR department for detailed information about what is covered or not covered, including well-child visit maximums, after-hours fees, immunizations, etc. You will be billed and responsible for all non-covered services.

### Partial Payments

Partial payments will not be accepted unless otherwise negotiated with our billing department.

### Self-Pay

While we participate in most insurance plans, if we do not accept your insurance plan or you do not have insurance, payment in full is expected at each visit, subject to a self-pay discount. A minimum payment of \$100 will be required at the visit, and the remaining visit costs must be paid in full before leaving the appointment or once the following billing statement is received.

### Non-payment Due

Please be aware that if your account goes unpaid beyond 30 days of the date of your initial billing statement, we may refer your account to a collections agency, and you will be discharged as a patient from all Tribe513 practices and related entities. Should this unfortunate circumstance occur, you will be responsible for any collection or legal cost associated with collecting on your account. We understand everyone's situation is different, and financial hardships may occur. Please contact our billing department should you find yourself in a difficult position, and we will do our best to work with you to the extent we are able.

### Forms of Payment

The practice accepts payments by Visa, MasterCard, and debit cards bearing these logos at the front desk. Checks and money orders will be accepted by mail, and online payments can be made with Visa, MasterCard, and debit cards bearing these logos.

\_\_\_\_\_  
Signature of Patient/Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient/Legal Representative

\_\_\_\_\_  
Relationship to Patient