NAMAKY ADVANCED ENDOMETRIOSIS SURGERY

FINANCIAL RESPONSIBILITY AGREEMENT

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1. PRACTICE MODEL

Namaky Advanced Endometriosis Surgery ("the Practice") operates as a cash-pay, out-of-network medical practice.

By signing this agreement, I understand and agree that:

- The Practice does not bill insurance companies
- Payment is made directly by me for all services provided
- The Practice is considered out-of-network with all insurance plans

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2. PAYMENT FOR SERVICES

I understand and agree that:

- I am personally responsible for all charges incurred
- Fees will be provided in advance whenever possible
- Payment is due in accordance with the selected payment structure outlined in the Patient Payment Plan Agreement, if applicable

For surgical services, I understand that:

- The Standard Professional Fee represents the full fee for the Practice's services
- Payment may be completed either:
- In full prior to surgery (with any applicable prepayment reduction), or
- Through the structured payment plan offered by the Practice

Failure to meet payment requirements may result in rescheduling or cancellation of services.

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3. APPOINTMENT RESERVATION AND INITIAL VISIT REQUIREMENTS

I understand and agree that:

- Appointment times, including initial consultations and follow-up visits when applicable, are not considered reserved until all required pre-visit steps are completed
- These steps include (1) maintaining a valid credit card on file and (2) completion of required online check-in and intake forms
- The Practice reserves the right to release or reschedule an appointment if these steps are not completed in advance

These steps allow your appointment time to be fully reserved and ensure the Practice can prepare in advance for your care.

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4. CREDIT CARD ON FILE

I understand and agree that:

- A valid credit card is required to be maintained on file for all patients
- Charges for visits and services will be processed using the card on file at the time of service
- For patients who elect a payment plan, automatic credit card payments are required
- The card on file may also be used for applicable cancellation or missed appointment fees in accordance with Practice policy
- I am responsible for maintaining accurate and current payment information

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5. INSURANCE AND REIMBURSEMENT

I understand that:

- The Practice does not submit claims to insurance companies
- I may choose to submit a claim to my insurance provider independently
- The Practice may provide documentation (such as a superbill) for this purpose

I acknowledge that:

- Reimbursement is not guaranteed
- Coverage depends entirely on my individual insurance plan
- I remain fully responsible for all charges regardless of insurance reimbursement

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6. GOOD FAITH ESTIMATE

I understand that:

- I am entitled to receive a Good Faith Estimate of expected charges
- This estimate reflects anticipated costs but may change based on clinical needs

I acknowledge that actual charges may differ from the estimate.

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7. SEPARATE BILLING FOR SURGICAL CARE

If surgical treatment is recommended, I understand that:

- Surgical procedures are performed at a hospital or surgical facility
- The Practice's professional fees are separate from all other charges

I may receive separate bills from other providers, which may include:

- Hospital or facility fees
- Anesthesia services
- Pathology services
- Radiology services
- Other consulting providers

I understand that:

- These providers are independent of the Practice
- Their participation may be in-network or out-of-network with my insurance
- I am responsible for understanding and managing these costs

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8. CANCELLATION AND NO-SHOW POLICY

I agree to provide advance notice if I need to cancel or reschedule an appointment.

- Late cancellations or missed appointments may result in a fee, which may be charged to the card on file
- Late cancellations or missed surgical procedures may result in a fee, which may be charged to the card on file
- Specific time requirements and fees will be communicated separately

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9. COMMUNICATION AND ADMINISTRATIVE SERVICES

I understand that:

- Certain administrative or extended services may incur additional fees
- These will be communicated in advance when applicable

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10. NON-PAYMENT

I understand that:

- Unpaid balances may result in suspension of non-urgent services
- The Practice reserves the right to pursue reasonable collection efforts if necessary
- Failure to adhere to an agreed payment structure may result in the full remaining balance becoming due

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11. ACKNOWLEDGMENT

By signing below, I acknowledge that:

- I have read and understand this Financial Responsibility Agreement
- I understand that this is a cash-pay, out-of-network practice
- I accept full financial responsibility for all services provided
- I understand that payment options and structure have been explained to me
- I have had the opportunity to ask questions and have received satisfactory answers

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