Florida Sleep Specialists

Diagnosis and Treatment of Sleep Disorders
American Academy of Sleep Medicine Accredited

The providers and staff at Sleep Manatee would like to welcome you to our Practice. We strive to provide you with excellent medical care and our goal is to make your visits as convenient as possible.

By signing below you confirm that you have read this policy and understand that:

- It is your responsibility to inform our office of any address or telephone number changes.
- Your account is to be kept current—accordingly, all self-pay or insurance co-payments, co-insurances and deductibles will be collected at the time of service. Payable by cash, check, or credit card.
- If you do not have your payment(s), your appointment may be rescheduled.
- A returned check will result in a $25 service charge and all future payments being required in the form of cash or credit card.
- If unable to keep your appointment, please notify us in advance so that we may offer that time to another patient. If you do not cancel your appointment (within 24 hours for appointment or 48 hours for sleep test) you will be charged a "no-show" fee of the following:

Follow-up appointment: $50
New patient sleep/weight consult: $100
Sleep Study: $250 (For a sleep study and MSLT $500)
Home Sleep Test: $100
This fee must be paid in full prior to you being seen by provider.

If you have health insurance coverage:

We will submit your claims, however we must emphasize that as medical providers, o*ur relationship is with you, not your insurance company.* Although we attempt to verify your benefits with your insurance policy, please be advised this is only an estimate of your coverage based on the information given to us at the time of the inquiry.
By signing below you confirm that you understand:

- It is your responsibility to inform us of any changes to your insurance policy so that your coverage can be re-verified prior to your appointment.
- If your insurance policy requires a referral from your primary care physician, it is your responsibility to have that referral faxed to our office prior to your appointment.
- Not all services are a covered benefit with all insurance plans.
- It is your responsibility to be aware of what service(s) is being provided to you and if it is a covered benefit under your insurance policy.
- You are responsible for any non-covered charges not payable by your insurance policy.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we urge you to contact us promptly for assistance in the management of your account. If you have any questions about the above information, please do not hesitate to ask us. We are here to help you.
I have read and understand the above Financial Policy and agree to meet all financial obligations.

Patient Name (please print)	Patient Signature	Date of Birth	Todays Date
Responsible Party (please print) (If other than patient)	Responsible Party Signature Date	Date of Birth	Todays Date