



Financial Policy

At OIC Inspired Inc., we are committed to providing high-quality and affordable healthcare. This policy explains your responsibilities regarding payment, insurance coverage, and authorizations.

Insurance & Payment Responsibilities

- Patients must present a valid insurance card at each visit and notify us promptly of any changes in coverage. As a courtesy, we will submit claims to your insurance company; however, it is your responsibility to understand your insurance plan, verify provider network participation, and obtain any required referrals or authorizations.
- Co-pays are due at the time of service. We accept cash, debit/credit cards, and personal checks. You are financially responsible for all charges not covered by your insurance, including deductibles, co-insurance, non-covered services, and services denied for lack of referral or authorization.
- If you are covered under Medicare, we will bill Medicare on your behalf. If you carry supplemental insurance, please provide this information at your visit. You remain responsible for deductibles, co-insurance, and non-covered charges. Patients receiving care related to workers' compensation must provide approval and claim details from their adjuster before the appointment.

Cancellations & Missed Appointments

If you need to cancel or reschedule, please notify us at least 24 hours in advance. Repeated missed appointments without notice may result in limited access to scheduling.

Financial Hardship

We understand that medical expenses can create financial challenges. If you are experiencing difficulty paying your balance, please contact our billing department to discuss payment plan options or financial hardship assistance programs.

Assignment of Benefits

I authorize payment of benefits from my insurance provider, including Medicare, Medicaid, and private insurers, directly to OIC Inspired Inc. for services rendered. I understand that I am personally responsible for all charges not covered or paid by my insurance plan.

Release of Medical & Billing Information

I authorize OIC Inspired Inc. to release necessary medical and billing information to my insurance company, other payers, or their agents for the purpose of processing claims, appeals, audits, or coverage determinations. This may include information related to services provided, diagnoses, charges, payments, and patient responsibility. A copy of this authorization is considered as valid as the original.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY OF OIC INSPIRED INC. AND AGREE TO ITS TERMS.

Printed Name of Patient/or Responsible Party: _____

Patient's Date of Birth (MM/DD/YYYY): _____/_____/_____

Signature of Patient/or Responsible Party : _____ Date: _____