

## SECONDARY INSURANCE POLICY

### Premier Pediatrics of Sumter, LLC

380 W Wesmark Blvd, Bldg B, Sumter, SC 29150

Office: (803) 607-9430 Fax: (803) 607-9431

Premier Pediatrics will only accept patients with SECONDARY insurance under the following conditions:

Initial \_\_\_\_\_ I agree to pay for all copays, deductibles, and non-covered services determined by my PRIMARY insurance plan at the time of my visit.

Initial \_\_\_\_\_ I will promptly pay all amounts that have been determined my responsibility by my PRIMARY insurance carrier upon receipt of my billing statement. Any balance remaining after my health insurance processes a claim is my responsibility. If I do not pay my bill or arrange for a payment plan within 30 days of receipt, I authorize Premier Pediatrics to process my credit card on file (if applicable).

Initial \_\_\_\_\_ I understand it is my responsible to file claims with my SECONDARY insurance if I wish to seek further reimbursement of charges not covered by my PRIMARY insurance.

Printed Name: \_\_\_\_\_

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

Patient(s) Name: \_\_\_\_\_