



First Name

Last Name

Date of Birth

Payment Policies

We are committed to providing our patients with the best service at every visit. In return, we ask that you please read and adhere to the following policies, which pertain to services rendered at Brio Primary Care.

Proof of Insurance

We participate in most insurance plans. It is your responsibility to confirm whether or not Brio Primary Care is in network with your specific insurance plan. If you are not insured by a plan we do business with or you 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 plan in full for each visit is required until we can verify your coverage.

Co Payments and Balances

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

Claims Submissions

As a courtesy, 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 Brio Primary Care for any remaining uncovered charges. We ask that you provide payment in full for all services or create a payment plan immediately upon receipt of each billing statement.

Non-Covered Services

Please be aware that some, and perhaps all the services you receive may be non-covered and/or not considered reasonable or necessary by your insurance provider. Since insurance plans vary, please contact your insurance provider for detailed information about what is covered or not covered, including, but not limited to preventive maintenance, immunizations, after hours fees, etc. You will be responsible for all non-covered services.

If labs are not covered by insurance, you will receive a bill from Brio Primary Care with MUSC Health, Labcorp, and/or both entities. Please note, you will receive a discount for any bills you may receive from Brio Primary Care for labs that are not covered by insurance (this does not include invoices from Labcorp).

Partial Payments

Partial payments will not be accepted unless otherwise negotiated with our Billing Department.

Self Pay

A discount will be given to patients who elect to be self pay for services and who will not be submitting the claim to an insurance carrier. This discount will be automatically applied to claims and will be factored in to estimates. The self pay discount only applies to services provided by Brio Primary Care. You may receive a separate bill from a non-Brio Primary Care provider (i.e. lab services, medical equipment, etc.). You are financially responsible for all additional services.

A deposit of \$100 must be paid on the date of service. Charges for services rendered are an estimate until final coding of the claim(s). Additional charges may be applied, and you may receive a bill for additional services owed beyond your \$100 deposit. You have the right to receive a Good Faith Estimate that estimates the cost of your medical care. Please contact our Billing Department at 864-720-1400 to receive this estimate for any future appointments.

Non-Payment Due

Please be aware that if your account goes unpaid thirty (30) days past the due date, we may refer your account to a collection agency. At the time of referral to a collection agency, you will be discharged as a patient from Brio Primary Care. Should this unfortunate circumstance occur, you will be responsible for any collection or legal costs associated with collecting on your account. We understand that everyone's situation is unique and financial hardships may occur. Please contact our Billing Department at 864-720-1400 should you find yourself in a hardship position and we will do our best to work with you to the extent we are able.

Forms of Payments

The practice accepts payments by Visa, MasterCard, American Express, Discover 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, American Express, Discover and debit cards bearing these logos.

Patient / Legal Representative of Patient Name

Relation to Patient

Patient / Legal Representative of Patient Signature

Date Completed