

## FINANCIAL POLICY

Thank you for choosing us as your healthcare provider. We ask that all patients take a few moments and review our financial policy, initialing each item. Our practice accepts cash, debit cards, checks, Visa and MasterCard. Should you have any questions, please do not hesitate to request to speak with our staff.

\_\_\_\_\_ **Cash Patients:** Payment is due at the time services are rendered.

- We offer a 30% discount off our fee schedule if payment is made in full at the time of service.
- A minimum of 40% of your charges are due at the time of service. Full payment of the balance due is required before your next visit.

\_\_\_\_\_ **Co-payments and deductibles:** All co-payments, co-insurances, and deductibles are due at the time of service unless you have secondary insurance or an HRA account. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments, co-insurances, and deductibles from patients can be considered fraud. Please help us in upholding our contractual obligations by paying your co-payment or deductible at each visit.

\_\_\_\_\_ **Insurance:** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

\_\_\_\_\_ **Proof of insurance and coverage changes:** All patients must complete our patient information form before seeing the doctor. We will obtain a copy of your driver's license (or other valid identification card) and current valid insurance card to provide proof of insurance. If your insurance coverage changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

\_\_\_\_\_ **Returned checks** are subject to a \$25.00 returned check fee. If a check is returned, unpaid, it is the patient's or guarantor's responsibility to pay the balance, including the returned check fee, within 10 business days of notification to avoid further collection activity.

\_\_\_\_\_ **Missed Appointments –Arriving Late:** Our physician's schedules are booked out weeks or months in advance. If you fail to show, or arrive late for an appointment we are unable to offer that appointment slot to another patient who needs it. Please help us to serve you better by keeping your regularly scheduled appointments. **Cancellations are required at least 24 hours prior to the appointment. Patients who do not show up on time for an appointment, or cancel with less than 24 hours notice may be charged a \$ 25.00 missed appointment fee. This fee is your responsibility and must be paid before a new appointment will be scheduled. Patients with three missed or late arrival appointments will be asked to transfer their care to another doctor.**

\_\_\_\_\_ **Delinquent accounts:** may be turned over to a collection agency. You will receive a final notice from us prior to collection activity. In the event the account is sent to a collection agency, the patient or guarantor will be responsible for a \$50.00 collection fee and all reasonable collections costs. Additionally you may be discharged from the practice; if so you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period our physician will continue to treat you for any urgent/emergent problems.

**I have read and understand this Financial Policy.**

\_\_\_\_\_  
Signature of Insured/Guarantor/Patient

\_\_\_\_\_  
Date