Financial Policy

Welcome to our Practice. We are dedicated to providing you with the best medical care and service possible. Receiving prompt payments allows us to continue to offer affordable services. We ask that you read and accept our financial policies described below.

When you arrive, our front office staff will ask you to verify your billing address and your insurance.

- If you have insurance, please bring your card to each visit. As a courtesy, we will bill your insurance plan on your behalf for any services we provide. We cannot guarantee your benefits. It is your responsibility to know your insurance benefits. Any oral or written representation we make in good faith to you concerning your benefits is not binding on us and will not in any way or for any reason be considered a modification of our policy. You will be required to pay your co-pay, or at least a portion of the bill, if your deductible has not been met prior to your visit. Any billed amounts not covered by your insurance will be your responsibility to pay.

- If you a private pay patient, you will be required to pay the office visit charge prior to the visit. The remaining balance for services rendered are due at checkout. Occasionally, charges do not cross over until after the patient has left. In this case, the patient will be billed separately for them. Any billed amount will be due upon receipt of a statement from our office. Payment is due within 30 days. For your convenience, we accept cash, check, and credit card. Care Credit is also an option for our clinic. Ask for help from the front office staff to apply if so desired. Also payment plans are available, however, the total bill is to be paid within 6 months. No more than one payment plan is allowed at a time. Until paid, future visits will require prepayment in full.

Collection Process: After two monthly revenue cycles, remaining balances are subject to a collection fee and a collection agency's involvement. Future visits will be on hold until the balance is addressed. Until paid in full, all future visits will require prepayment. It is the patient's responsibility to ensure we have the proper billing address if they are not receiving statements from our office. Please contact our billing department if you need to make payment arrangements or have any questions about your bill.

Nonpayment: Delinquent payments greater than 6 months will be subject to dismissal from the practice at our discretion. You will be notified by certified mail that you have 30 days to find another health care provider. During that 30-day period, the practice will provide emergent care only.

Miscellaneous charges: There is a charge for copying medical records, completing forms, writing letters excluding work and school excuses, and mailing prescriptions. All no-shows are subject to a $35 fee.

Returned checks: You will be charged a $35.00 processing fee for any personal check returned for nonpayment and future visits will require an alternate form of payment.

Non-covered services: I understand that some, and perhaps all, of the services I receive may not be covered by my insurance or not considered reasonable or necessary by insurers. Every effort will be made to notify the patient in advance of receiving any service that is considered non-covered, however, knowing individual benefits is ultimately the responsibility of the patient. You may be asked to sign an Advance Beneficiary Notice which will verify that you acknowledge that the charge will be your responsibility if insurance does not cover it.

I have read and agree to the terms of the Financial Policy described above.

Print First and Last Name **Date**

Signature **Date**

Revised 7/31/2018