



Our financial policy

We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policies.

1. Payment is due at the time of service unless arrangements have been made in advance.
2. Insured Patients: **Please take the time to read your insurance policy. It is better to know what your insurance company will pay for before you receive a service, get tested or fill a prescription.** Some kinds of care may have to be approved by your insurance company before your doctor can provide them. If you still have questions about your coverage, call your insurance company and ask a representative to explain it. Remember that your insurance company, not your doctor, makes decisions about what will be paid for and what will not. Remember that your physician, not your insurance company, makes medical decisions and recommendations about what will benefit your health status.
3. **Your policy is a contract between you and your insurance company. Your account balance is your responsibility whether your insurance pays or not.** If we accept your insurance, we will file a claim on your behalf. However, if your insurance company does not pay us within 60 days, you will be responsible to pay the balance of unpaid charges and you should follow-up with your insurance company directly. Your insurance company may not always cover all services. You are responsible for the entire amount charged for any non-covered services provided to you. You will need to pay any co-payments and non-covered services at the time services are rendered. It is our policy that we do not bill for co-payments since patients are expected to be aware of and be prepared to pay them. Insurance plans are complex, and it may not be fully known what services are covered and/or how deductibles are applied at the time of service. After you receive your insurer's explanation of benefits (EOB) statement, we require that any amount due be paid in full within 30 days.
4. **Phone and electronic consults:** Patient initiated phone and electronic consults not related to the office visit may not be covered by your insurance company and may be billed. You are responsible for this bill.

5. **Forms and letters:** The fee for completing relatively straightforward and brief forms and letters is \$25. The fee for completing longer and more complex forms and letters is \$50.
6. **Returned Checks:** The fee for all checks returned for insufficient funds is \$25.00. This fee will be automatically charged to your account when your check is returned from the bank. This fee is not covered by insurance.
7. **Self-Pay or Self-Filing Patients:** Patients who do not have insurance coverage, who have insurance coverage but are unable to provide us with verifiably valid insurance information, or who wish to file their own insurance claims are responsible to pay 100% of charges at the time services are rendered.
8. **Appointment “No-Show”:** If for any reason you are late for your appointment or do not show up for your appointment without prior cancellation, we reserve the right to refuse any future appointments with you. If you will not be able to come to your appointment, please be sure to cancel or reschedule your appointment at least 24 hours in advance. Arriving for an appointment more than 20 minutes late, or not arriving at all, constitutes a “No-Show.” No-Shows are subject to \$50 No-Show fee. These fees are not covered by insurance.
9. A service fee of \$25 is charged on all **unpaid accounts** over 60 days old.
10. Accounts that are over 90 days old may be sent to collection. You are responsible for any **collection agency fees and legal fees** that may be incurred as part of this process.

I have carefully read and understand the practice’s financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Signature of patient (or responsible party, if minor)

Date

Please print the name of the patient/responsible party