

# Patient Financial Policy Sheet

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

Unless other arrangements have been made in advance by either you or your health insurance carrier, full payment is due at the time of service. For your convenience we accept [VISA, MasterCard]. **Please ask about filling out our billing file which facilitates this process. WE DO NOT ACCEPT PERSONAL CHECKS.**

## Your Insurance

- We have made prior arrangements with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized copayment at the time of service. This office's policy is to collect this copayment when you arrive for your appointment.
- If you have insurance coverage with a plan for which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means that your insurer will send the payment directly to you. Consequently, the charges for your care and treatment are due at the time of the service.
- **In the event that your health plan determines a service to be "not covered," you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.**
- We will bill your health plan for all services provided in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office. If you have a deductible which has not been met. You will be responsible for payment on the same day of service.

## Minor Patients

- For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment.

## Office Charges:

Our practice charges for missed appointments, if you can not keep your scheduled appointment please call us within 24 hours. **Our No Show fee is \$25.00 for sick visits and \$50.00 for well visits and After-hours Nurse Triage is \$22.50. If your chart is being transferred out to another provider (excluding specialists) there is a \$25.00 charge. Please Note: all accounts must be in good standing for any charts to be released. If any account is past due there will be an added charge of \$35.00 to your balance, also if we have to send your balance to a COLLECTION AGENCY an additional \$70.00 will be added to your balance.**

Initial: \_\_\_\_\_

**I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that the practice may amend such terms from time to time.**

\_\_\_\_\_  
Printed Name of the Patient

\_\_\_\_\_  
Signature of Patient, or Responsible Party, if a Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number of Responsible Party