

Financial Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it carefully, ask us any questions you may have, and sign in the Registration Form provided on line or at the time of service. A copy of this Policy will be provided to you upon request or you may copy it from our web site.

- 1. Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, we will offer you a discount and payment will be expected at the time of visit. If you are insured by a plan we do business with, payment is expected upon invoicing. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
- 2. Co-payments.** All copayments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. Please help us in upholding the law by paying your co-payments at each visit. We accept cash, personal checks, or credit cards. There will be a \$25 charge for all returned checks.
- 3. Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non covered or not considered reasonable or necessary by your insurer. You must pay for these services in full upon invoicing.
- 4. Claims and submission.** Your insurance benefit is a contract between you and your insurance company; we are not party to that contract. Most medical offices require you to pay the balance of each medical claim in full. For your convenience, we will only invoice you the amount your insurance carrier determines as your responsibility.
- 5. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make appropriate and timely changes to help you to receive maximum benefits.
- 6. Nonpayment.** If your account is over 30 days past due, you will receive a letter stating that you have 10 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30 day period we will only be able to treat you on an emergency basis.
- 7. Missed appointments.** Our policy is to charge \$25 for missed appointments not cancelled within at least 24 hours in advance. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your scheduled appointment.

Our practice is committed to providing high quality care to our patients. Our fees are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.