

Financial Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality health care. Please understand that payment of your bill is part of your care. To help avoid misunderstandings, we have provided you with details of our financial policy below.

Insurance. We participate in most insurance plans, including Medicare. ***If you are not insured by a plan we accept, payment in full is expected at each visit.*** If we do accept your plan, but you do not have a current insurance card, payment in full for each visit is required until we verify coverage. ***Knowing your insurance benefit plan is your responsibility.*** It is your responsibility to make sure the correct in-network facility is used for all test and hospital encounters. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments. ***All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company.*** Failure to collect co-payments and deductibles from patients is considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Payment. We accept payment by cash, check, VISA, MasterCard, Discover or American Express. All previous balances must be paid at time of service, unless prior arrangements have been made with the billing department. If a check is returned for insufficient funds or payment has been stopped, you will be charged a \$30 fee in addition to the amount of the check. If you have a second check returned, you will be asked to pay by cash, money order, cashier's check, or credit card for future visits.

Self-Pay. A minimum \$150.00 payment for ***NEW*** patients and \$125.00 for ***EXISTING*** patients is due prior to treatment from all uninsured patients. X-Rays and/or bloodwork have additional fees.

Co-insurance and deductibles. Your co-insurance and/or deductible balance is due when you receive your explanation of benefits from your insurance company.

Minor Patients. The following parties are responsible for payment of all minor patient balances: the adult accompanying the minor and the parents (or guardians.). We do not recognize domestic judgments including custody agreements.

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 Medicare or other insurers.

DOT physicals are typically not covered by insurance!

Proof of insurance. All patients must complete our patient information form periodically prior to seeing the doctor. ***We must obtain a copy of your driver's license, your current insurance card and your social security number in order to confirm proof of insurance and file your claim.*** If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. ***In order to submit claims we must have the patient's date of birth, social security number and a copy of your photo identification (when applicable). In addition, we must obtain the policyholders date of birth and social security number in order to file claims with your insurance carrier.*** We will file supplemental insurances when appropriate. 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.

Coverage changes. If your insurance changes, please notify us at your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in a timely manner, the balance will be your responsibility.

Nonpayment. If your account becomes delinquent, you agree to pay any charges to collect your unpaid bills, including but not limited to, reasonable court costs, and/or collection agency fees. After you have received two statements, your account is considered past due. At that time, you will receive a letter stating that you now have 10 days to pay your account in full. Payment plans may not exceed a 6 month time period, unless otherwise negotiated. You must contact us for a reasonable payment arrangement or risk collection action. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency or a collection attorney and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

Missed appointments. Our policy is to charge for missed appointments not cancelled within 24 hours prior to your appointment. The fee is **\$25.00**

Please help us to serve you better by keeping your regularly scheduled appointment.

Worker's Compensation: *It is your responsibility to file a report with your employer.*

Our practice is committed to providing the best treatment to our patients. Our prices 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.

By signing I state that I understand and agree to the terms listed above!

Signature: _____

Date: _____