Financial Policy

It is our goal to provide excellent medical care in a cost effective manner. Our financial policies have been created to help keep the cost of your medical care manageable. We will bill your insurance for your care, but you are ultimately responsible for any outstanding balances.

Payment at the time of service is expected:
It is the responsibility of the patient to know the deductible, copay, or coinsurance due at the time of service. Patients who present for their first visit are expected to pay in full for services, unless otherwise discussed with the office manager. We do our best to include all charges at the time of service. Occasionally charges may need to be added or modified after your visit. For example: an additional blood or urine test may be ordered by your physician, or AMA guidelines may require that we modify the level of service. Payments can be made in the form of cash, check, or credit card. Please note that there is a $25 charge for any checks that do not clear the bank. ***Initials:*** _____

Insurance Billing:
As a courtesy to our patients, we will bill up to two insurances. It is your responsibility to provide us with the most current cards and up to date information. It is your responsibility to know in advance what services your insurance plan covers. This includes whether it provides coverage for preventative care services, procedures, and office visits. Your insurance provider can give you specific information about which services are covered benefits. Once final service and diagnosis codes are assigned, they cannot be changed. ***Initials:*** _____

Medicare:
We do not accept new Medicare patients. However, those already established with the practice that age into Medicare will not be discharged.

Initials: _____

Past Due Accounts:
Any balances over 90 days old are subject to being sent to collections. We expect old balances to be paid before being seen, or paid at the upcoming appointment. Any accounts sent to collections will be subject to any and all fees from the collection agency. Once an account has been turned to collections, you will be discharged from the practice. ***Initials:*** _____

No Show and Cancelled Appointments:
In order to be fair to all patients and the provider, we require at least 24 hours' notice to cancel an appointment. We reserve the right to charge a $50 fee for "no show" appointments or appointments cancelled without adequate notification. After three "no shows" or late cancelled appointments, you may be discharged from the practice at the discretion of the provider. ***Initials:*** _____

By signing below, I am acknowledging that I have read and understand the above Financial Policy.

Patient Name: _____ Date: _____

Signature: _____

Relationship to Patient: Self Parent Guardian