

FINANCIAL POLICIES

PAYMENT IS DUE WHEN SERVICES ARE RENDERED. This includes co-pays and deductibles due by the patient. Any previous patient due balances on the account are expected to be paid at that time. Repeated failure to pay co-pays at time of service will result in collection prior to services being rendered. We accept Visa, Mastercard, Discover, personal check/debit card or cash. Returned checks are subject to a \$30.00 service charge.

MEDICARE

Your deductible (\$155 annual) and /or your 20% of the allowable charges are due at the time of service unless covered by a supplemental insurance. We will file your Medicare and your supplemental insurance for you and accept assignment for coverage. You may be ask to sign an "Advanced beneficiary notice" for a procedure not covered under Medicare's medical necessity .

MEDICAID/MEDIPASS

If you are over 21 years of age and are not handicapped, you have a co-pay of \$2.00 that is due at the time of service. Please be prepared to pay this at each visit. If you have Medipass and are not assigned to our facility we will call your assigned facility one time to obtain an authorization for you to be seen. Afterwards, you must correct this through the local office. If not corrected you will be responsible for the total amount charged on future visits if you remain unassigned to our facility or you will need to be seen at the facility you are assigned to.

HMO

Please be sure you have called and selected our office as your primary physician. We will ask you to sign a waiver saying you are responsible for charges, if you are not assigned at the time of service. All co-pays are due at the time of service.

CANCELED APPOINTMENTS

We require 24- hour notice when you are canceling an appointment except in cases of an emergency. It is important to call to cancel to enable another patient to be seen at that time. Failure to call results in a "no-show" and you could be charged a \$30.00 fee for this allotted time. This is not billable to your insurance and is patient responsibility.

According to our No-Show policy three no-shows in a rolling 12 months could result in discharge from our practice.

GENERAL BILLING PROCEDURES

All charges are patient responsibility from the date services are rendered. Your insurance is a contract between you, and your insurance company.

Any insurance claim that we have exhausted all efforts at collecting after 120 days will be turned over to the patient. You will be notified to contact your insurance carrier and we will continue to assist in any way we can.

Any patient due balance that is greater than 90 days old will be turned over to a collection agency. All collection balances must be satisfied prior to routine services being scheduled. Urgent or emergent care will be provided on an as needed basis. Failure to meet financial responsibilities could result in discharge from our medical services.

Not all services are a covered benefit by all insurance contracts (e.g. yearly physical examinations). Some insurances arbitrarily select certain services they do not cover. Please check in advance about non-covered services as these fees are due at time of service.

We realize that emergencies can arise and affect the timely payment of your account. Please call us if you need assistance in making payment arrangements. If you have received a billing statement from us and feel it is incorrect, *please* call us as we are limited in the time we can re-bill your insurance if they have denied payment incorrectly. Sometimes it is just a matter of updated information from the patient and this has to be done by you before they will pay a pending claim.

SELF-PAY We offer self pay patients a 20% discount at the time of service, if paid by cash or credit card and services are paid in full at the time of service.

Patient/Parent/Guardian

Date

