



Financial Policy 2024

Your insurance policy is a contract that exists between you and your insurance company. Our relationship is with you, the patient, and not the insurance company. If you have questions about your policy, please call the phone number provided on the back of your insurance card. The patient or responsible party is responsible for their bill being paid in full. Upon your initial visit you will be asked to provide a photo ID. Please inform us at every visit of any changes to your insurance coverage and provide us with your most recent insurance card.

Please initial each line indicating your understanding of our policies:

 COPAYMENTS: It is a requirement of your insurance company that we collect your co-pay. Payment is required before meeting with the doctor.

 DEDUCTIBLES & CO-INSURANCE: If you have a high deductible plan, we may collect a deposit to apply towards your deductible and co-insurance. Any remaining balance after submission to your insurance company is your responsibility.

 SELF-PAY (for non-covered products and services and for patients without insurance coverage): Full payment is due at time of service. Payment for evaluation and management services at minimum will be required before seeing the doctor. Additional procedures/services may be recommended by the doctor. You will be informed of these charges before proceeding with treatment.

 REFERRAL: If your insurance plan requires a referral from your primary care doctor, this will be required at the time of your visit. Without a referral available, we will need to reschedule your appointment or, if you are seen without a referral, you may be held responsible for charges that your insurance denies.

 NO SHOW (failure to present for your appointment): 24 hours-notice is required for cancellation of your appointment and failure to do so will incur a **\$50** fee. Failure to provide **24 hours-notice** for a scheduled office procedure will incur a **\$100** fee.

 SURGERY CANCELLATION: Failure to provide **5 business-days'** notice before surgery will incur a **\$500** fee.

 BALANCES/COLLECTION FEES: If payment of an outstanding balance is not received within 30 days from the postmark date of a mailed statement or e-statement time stamp, a **\$10** re-billing fee may be added to each additional statement. Our patient portal offers the ability to view statements and submit payments conveniently and securely. Patients with balances more than 90 days overdue will be turned over to collections and a **\$35** administrative fee will be applied.

 OUT OF NETWORK: In cases when we are not providers for your insurance, your visit will be an Out-of-network service which you will be personally responsible for. Your insurance may impose a deductible and higher copayments than if you received services from a provider in your network. If you do not have Out-of-network benefits, you are personally responsible for the full amount of the charges payable on demand. You are personally responsible for all deductibles and copayments required under your benefit plan and any unpaid charges denied in whole or in part by your insurance.

FMLA/DISABILITY/MEDICAL RECORDS:

There is a **\$40** charge for having the doctor complete these forms. Requested forms will be completed within 72 hours of diagnosis and care plan. There is a **\$30** fee to obtain a copy of your medical records.

I have read and understand these financial policies.

Patient Name (print): _____

Patient/Responsible Party Signature: _____

Date: ____ / ____ / ____