

Notice of Financial Policies

Insurance Coverage

Patients are responsible for providing proof of current health insurance coverage for each visit. Please present your health insurance card at each appointment. Patients (or their parent/guardian) are responsible for checking to make sure our physicians participate in their health plan's network. If your insurance requires a primary care provider (PCP), our physician must be the one listed. We cannot be responsible for changes in your insurance. We need to be notified of insurance changes immediately for us to send claims on your behalf to the appropriate health plan.

Payment is due at the time of service. Your co-payment is set by your insurance company, and it is due whenever a patient receives services in the office. We accept cash, credit cards (Mastercard/Visa/American Express), and checks. **If you do not pay your co-pay at the visit, we will bill you for the co-pay and may assess a billing fee of \$25.00.** If we cannot confirm your coverage with your insurance or you are without insurance, we request that you pay in full at the time of service. We will refund to you amounts you paid should your insurance pay the claim. We do not bill third-party insurance.

Delayed Payments

We bill your health insurance as a courtesy to you. If your insurance company does not reimburse us within 90 days, the balance becomes your responsibility. You must address all problems and disputes over payment with your insurance. We will refund to you amounts you paid should your insurance pay the claim.

Non-Covered Services

If we provide services to you that are not covered by your health plan, you will be responsible for payment in full for those services. Your signature, below, constitutes agreement to pay for such services.

Self-Pay Patients

If you have no health insurance coverage, we offer a discount off of the billed charges if you pay at the time of service.

Payment Plans and Returned Checks

If you cannot pay with credit card, check, or cash, please speak with our billing specialist to request special arrangements prior to obtaining services. **All returned checks are assessed a \$30.00 fee.** If we receive a returned check from your bank, we will be unable to accept future payments for services paid by check.

Cancelled and Missed Appointments

Please call us 24 hours in advance if you need to cancel or reschedule your appointment. **A \$50.00 fee may be charged for late cancellations or missed appointments without a minimum of 24 hours notice.** Your health plan does not cover this fee. This cancellation policy helps us optimize access for our sick patients who require same-day appointments.

Notice of Financial Policies Continued

Medical Forms and Medical Records

All forms for childcare, school or camp activity participation, sports physicals, DMV physicals, employment physicals, and other health exam forms will be completed free of charge when presented during the scheduled appointment. Forms requested at other times may be assessed a fee for the physician to review the chart and complete the form. There is a charge for a copy of your medical record (usually \$20-40 depending on the size of your records), unless you are requesting it to be sent or faxed to another health care provider.

Overdue Accounts

You are responsible for maintaining a current account. Charges are due at the time of service or on receipt of statement. If it is necessary to assign your account to a collection agency and/or attorney, you will be responsible for all our collection agency and attorney fees and costs.

By signing below, I acknowledge that I have read the above financial policies.

Patient's Name (print)

Date

Patient/Guarantor's Signature

Patient/Guarantor's Name (print)