

Patient/Financial Policy

Thank you for choosing us as your health care provider. Please understand that payment is part of your treatment. The following is a statement of our Financial Policy.

Patients or their legal representative shall complete an information sheet which requests current insurance information before seeing the doctor.

- * Self-Pay, full payment is due at the time of service
- * Copayments are due at the time of service
- * Coinsurance amounts are due at the time of service
- * If you have insurance, your claim will be sent to your insurance company and any remaining balance due after their portion is paid will be your responsibility

We accept cash, checks & debit/credit cards. Returned checks will be subject to a \$25.00 fee

Regarding Insurance:

We will submit all charges to all insurance (primary, secondary, etc.) as a courtesy to you. Your insurance is a contract between you and your insurance company. It is your responsibility to contact your insurance company to confirm network status for the physician prior to your visit. Should the doctor have an agreement with insurance company, we will bill the insurance if it is a covered service.

If you are unable to make timely payments due to financial hardship, please contact our billing office for assistance with this matter.

New Patients:

New patients are to arrive at the office 20 minutes in advance of their appointment time to fill out necessary paperwork. If you are a no-show for your first appointment, it will not be rescheduled.

Missed Appointments/Arriving Late:

Your appointment will be cancelled if you are 15 minutes late and fail to notify us.

We would appreciate your help and courtesy of a call or portal message if you are unable to keep an appointment. Please notify our office at least twenty-four (24) hours prior to the appointment time. You may be charged a \$30 fee for your missed appointment.

Forms:

There is a \$15.00 charge to complete forms. This must be paid prior to them being filled out.

Please allow 7-14 business days to be completed.

Please fill out your name and personal information before the doctor fills out their part of the form.

Due to the large number of lab and test results reported to the practice daily, we will not notify you of normal results. If you have concerns regarding the results of a test you have had done, schedule an appointment to review your test results.

Allow 2 business days for prescription refills to be processed.

After hours questions or appointment requests may be made through your portal, they will be answered on the next business day.

Please report to an Immediate Care or Emergency room for after-hour emergencies.

I, the patient or legal guardian, understand that by signing this form I accept full financial responsibility of this account.

Signature of Patient, Parent or Guardian

Relationship

Date