

PATIENT FINANCIAL AGREEMENT AND ACKNOWLEDGMENT OF OFFICE POLICIES

REGISTRATION: All patients must complete our patient information forms and maintain accurate information for proper communication and billing. To provide proof of insurance, patients must provide a current valid insurance card and government issued photo ID.

INSURANCE: We accept Medicare assignment and participate in most insurance plans. If you fail to provide correct insurance information or your insurance changes and you fail to promptly notify us, you may be responsible for the balance of a claim. Most insurance companies have timely filing guidelines; if the claim is not received within their time frame due to you not providing us with the correct insurance information, you will be financially responsible.

Depending on your insurance plan, diagnostic tests and procedures are subject to the patient's yearly deductible amount as well as your coinsurance responsibility. Your plan copay applies to your Office Visit, any procedures performed during your visit will be subject to your plan deductible and/or coinsurance. **You are responsible for applicable copayments, coinsurance and deductible amounts at the time of service.**

VERIFICATION OF INSURANCE: Your insurance coverage will be verified prior to your visit and you will be notified of your estimated fees due prior to your appointment.

PATIENT APPOINTMENTS: You will receive an automated appointment reminder call 4 days prior to your appointment. You will have the option to confirm your appointment at the time of the call. If you have not confirmed, we will give you a courtesy reminder call two days prior to your appointment. If you need to cancel or reschedule your appointment, we ask that you give us as much notice as possible, so we can fill your appointment time with another patient. If you are running late and arrive 15 minutes past your appointment time, you may be subject to rescheduling.

NO SHOW APPOINTMENTS: You will be charged a \$50 no show fee if you do not call to cancel or reschedule your appointment within one business day or 24 hours prior to your appointment. Missed appointment fees are your responsibility and must be paid prior to scheduling with us again. We understand that emergencies occur and will take these situations on a case by case basis. Please help us serve you better by keeping your scheduled appointments.

NON-SUFFICIENT FUNDS:
In the event we receive a returned check, your account will be charged a \$35 fee, along with any bank fees.

COLLECTIONS:
Unpaid balances with no communication or payment attempts will be at risk of collections and being discharged from the practice.

PAYMENT PLAN AGREEMENT:
In the event of a hardship, please discuss your payment plan options with our staff.

RECORD COPY FEE:
There is a \$25 Fee for Records. You must sign a Medical Records Release form and then allow 2 weeks for processing.

I HAVE READ AND UNDERSTAND THE ABOUT POLICIES: _____
Patient and/or Guardian Date