Patient Financial Policy

1. **OUR GOAL:** To provide and maintain a good physician-patient relationship, letting you know in advance of our financial policies allows for good flow of communication.

2. **CREDIT CARD ON FILE:** We offer patients the convenience of placing a credit, debit, or HSA card on file. Credit, debit and HSA cards are encrypted and stored securely by Elavon, a U.S. Bank. No card numbers are stored in our office or on our electronic medical record system. You may be asked to leave a card on file for co-payments, co-insurance, deductibles, and no-show fees/cancellations. If your card expires or becomes uncollectable when it is on file, we will request an alternative form of payment.

3. **INSURANCE:** Insurance is a contract between the patient and the insurance company. It is the patient's responsibility to provide the insurance information. If you do not have insurance, payment is collected at the time of service. The patient must present a current insurance card and valid ID/ Driver's License at the time of the visit.

4. **CO-PAYMENT:** Co-payment is collected at the time of service. We accept cash, check, credit, debit or HAS cards. Payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges by your insurance company.

5. **CO-INSURANCE:** Co-insurance is the percentage of covered health costs you are responsible for paying after you have met your deductible. The co-insurance percentage can be found on your insurance card. All co-insurance percentage amounts vary and are due at the time of service.

6. **DEDUCTIBLES:** The deductible is the amount you pay for covered healthcare services before your insurance plan starts to pay. All deductible amounts vary and are due at the time of service. If you have a credit, debit, or HSA card on file, it will be utilized to settle any additional balances not credited to your account at the time of service.

7. **NO-SHOW FEES:** Any patient who fails to keep an appointment will be charged $50.00 for office visits and $150.00 for scheduled procedure appointments. The fee must be paid prior to scheduling/rescheduling any appointments.

8. **OFFICE CANCELLATIONS:** Office cancellations must be made 24 business hours prior to your scheduled appointment. Any cancellation made with less than 24 business hours' notice will result in a non-refundable charge of $50.00. For Monday

appointments, cancellations must be made by noon on the preceding Friday. This fee will be collected prior to scheduling/rescheduling any appointments.

9. **PROCEDURE CANCELLATIONS**: Cancellation of procedure appointments must be made 72 business hours prior to the scheduled procedure appointment. Any cancellation made with less than 72 business hours' notice will result in a non-refundable charge of $100. For Monday appointments, cancellations must be made by noon on the preceding Friday. This fee will be collected prior to rescheduling the appointment.

10. **BALANCES:** If your account has an outstanding balance, you will be asked to bring the account up to date. Credits on your account will be refunded to the card on file, if listed.

11. **COLLECTIONS:** We use Transworld collections agency. In the event an account is placed in collection status, the account would need to be paid in full prior to scheduling any appointment.

We will verify your benefits prior to appointments to ensure that we collect the appropriate amount for your co-payment or deductible. Our billing department reviews all claims to ensure the claim has been processed and properly paid. Patients typically receive their explanation of benefits (EOB) before the practice. You must contact your insurance carrier immediately if you disagree with your (EOB).

I have read and understand this patient financial policy and agree to comply and accept responsibility for any required payment. I acknowledge and assume responsibility for all charges incurred and for payment of services at the time rendered.

Patient Name (please print): _____   Date: _____

Patient Signature: _____   DOB: _____