

Our Financial Policy

Thank you for choosing us as your medical provider. We are committed to provide you with a consistently high standard of care and pleased to discuss our services at any time. Your clear understanding of our Financial Policy is an important part of our professional relationship. We request that you take time to review, understand, and sign below prior to receiving treatment from us.

It is your responsibility to advise us of any change in your address, telephone number, insurance and HIPAA information.

You are expected to present your current insurance card(s) at each visit. Any minor patient must be accompanied by an adult representative who has assumed financial responsibility for the minor patient. To protect patients from identity theft, we also ask that you present a photo identification card at time of visit.

Your insurance is a contract between you and your insurance company. We are not a party to the contract. It is very important that you understand the provisions of your policy. We will file an insurance claim as a courtesy to our patients however this does not release you of your financial responsibility.

If your insurance pays only a portion of the bill or rejects your claim, you will be responsible for the timely payment of your account. For those who request it, we provide an estimate of the cost of the service to be performed, if such information is available to us.

If you have more than one insurance plan, it is your responsibility to inform us regarding the order of how we should file your claim and coordinate with your insurances as well.

If you do not have insurance, or we do not participate with your insurance company, you will be expected to pay in full at the time of visit.

We will collect your co-payment, deductible, balances, or charge for non-covered services at the time of your visit.

We accept cash, checks, or major credit cards.

We follow the fee schedules set forth by the Board of Professional Regulation for charging for reproduction of medical records. We charge a \$15 fee for completion of forms. (ie: FMLA forms)

When you schedule an appointment, time is specifically allocated for you. We ask that you notify us at least 24 hours in advance if you are unable to keep your appointment to avoid a "No Show" fee:

- \$30 for established patient
- \$60 for new patient
- \$60 for physicals & pap smear

We reserve the right to take lawful actions including referring your account to a collections agency and report to one or more credit bureaus for non-payment.

If account is transferred to the collection agency, an additional 33% will be added to your balance to cover the agency fees!

Thank you for taking time to review our financial policy. If you have any questions, please ask to speak with our Practice Manager.

Patient/Authorized Representative Name: _____

Signature: _____

Date: _____

