

## OFFICE FINANCIAL POLICY

Our goal is to provide and maintain a good physician- patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have questions, please do not hesitate to ask a member of our staff.

1. On arrival, please check in at the front desk and present you current insurance card, along with a picture identification card at every visit. IF THE INSURANCE COMPANY THAT YOU DESIGNATE IS INCORRECT. YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE VISIT AND TO SUBMIT THE CHARGES TO THE CORRECT PLAN.
2. We allow a 15 minute window from the time of you scheduled appointment. If you arrive later than you scheduled appointment and it is greater than 15 minutes, you will have to reschedule your appointment.
3. If you do not have insurance, payment for an office visit is to be paid at the time of the visit. Any prior patient balances must also be paid off at this time.
4. If we are your primary care physician, make sure our name or phone appears on your card. If your insurance company has not been informed that we are your primary care physicians as of this date, you may be financially responsible for the visit. It is your responsibility to contact your insurance company and change your primary care physician.
5. According to your insurance plan, you responsible for any and all co-payment, deductibles, and coinsurances.
6. Co- payments are due at time of service. A \$25.00 processing fee will be charged in addition to your co-payment if the co-payment is not paid at time of service or by the end of the next business day.
7. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 business days of your receipt of the bill.
8. If our physicians do not participate in your insurance plan, payment in full is expected from you at time of your office visit.
9. If previous arrangements have not been made with our finance office, any account balance outstanding greater than 28 days will need to be paid in full. Any balance over 60 days will be forwarded to a collection agency.
10. We require a 24-hour notice for canceling any appointments.
11. A \$50.00 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
12. We charge \$1.00 per page for requested medical records. We do not charge a fee if the medical records are requested by a physician's office. We will send the records directly to the requesting office.
13. If your child has a school, camp, or sports form to be completed this is a \$2.00 charge per form. Payment is due when the forms are dropped off. We have a 3-5 business day turnaround time for forms. If a form is needed sooner than 3-5 business days, there is an additional \$5.00 rush fee. For extensive forms the fee is \$15.00 per form and the turnaround time is 7-10 business days.

14. Advance notice is need for all non- emergent referrals, typically 3-5 business days. It is your responsibility to know if a selected specialist participates in your plan. Remember our primary care physician must approve referrals before being issued.

15. A \$10.00 collection fee will be added to accounts that are transferred to collections.

16. I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Responsible party member's signature \_\_\_\_\_ Date \_\_\_\_\_