



Payment & Clinic Policies

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Please review this policy and ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. **Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we are contracted with, payment in full is expected at each visit. If you are insured by a plan we are contracted with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Copayments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your copayment at each visit.
3. **Non-covered services.** Please be aware that some services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.
4. **Proof of insurance.** All patients must complete our patient information form before seeing the doctor and updated annually or as changes occur. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
5. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
6. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
7. **Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.
8. **Missed & late appointments.** Our policy is to charge \$25.00 for missed appointments not canceled prior to the appointment time, preferably at least 24 hours' notice. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment and arriving at scheduled appointment times. A patient is considered late 15 minutes past scheduled appointment time and could require rescheduling. We do offer a free Patient Portal where patients may verify appointment times. In addition, we provide automated reminder calls via your preference of voice or text. Please ensure we have accurate phone numbers to reach you.
9. **Forms & Letters.** Requests for completion of FMLA, Disability, Prescription Assistance, Handicap Applications or any other type of paperwork or letter requested outside the course of an appointment, will require payment of a \$20.00 fee.
10. **Prescriptions.** We will strive to provide patients with only the best of healthcare and service and in doing so require an office visit prior to prescribing medications for acute medical conditions as well as for Return to Work or School notes.
11. **Patient portal. Please consider supplying us your email address & enrolling in our Patient Portal.** The Portal is a great form of communication with our office as well as instant patient access to chart information. Ask the receptionist today.

Thank you for understanding our payment and clinic policies. Please let us know if you have any questions or concerns.

I have read and understand the payment and clinic policies and agree to abide by its guidelines:

Signature of patient or responsible party: _____ Date: _____

Patient Printed Name: _____ Patient Date of Birth: _____