Our Financial Policy

<u>Zero Balance</u>- Your account must reflect a zero balance (over 30 days) prior to receiving medical care from our providers.

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Initials

<u>Insurance-</u> Payment is due at the time of service. If you have insurance, your copay and/or deductible are due at the time of service. Your insurance coverage is an agreement between you and your insurance company. We agree to file claims for contracted carriers per out agreement with your carrier. ***<u>If your insurance company chooses not to pay for whatever reason, or they choose to delay payment, YOU will be responsible for payment. If payment is not received within 90 days from your insurance company, you will be responsible for the charges.</u>*** Payment is expected within one week of receipt of our billing statement. Questions regarding your statement can be directed to our billing department. You Human Resource Department may also be able to offer assistance in insuring payment of your claim.

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<u>Delinquent Accounts</u>- Delinquent accounts will be reported to our collection service. Please let us know if your payment will be late to our office. If it becomes necessary to report your account to our collection agency, you will be assessed a collection fee equal to 30% of the outstanding amount.

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<u>Additional Charges</u>

- Returned check fee is $25.00.
- There will be a $25.00 fee without a 24-hour cancellation or reschedule notice or failure to arrive at a scheduled appointment on time.
- Insurance cards- You are always required to present the office staff with your insurance card at each visit to insure correct billing information. If you have a change in your insurance carrier and/or policy and you are unable to present a current insurance card or current insurance information along with a number to allow us to call to verify your benefits, you will be responsible for the complete cost for that days visit. As soon as we receive the card and/or are able to verify your benefits, you account will be updated with the correct insurance information, which will allow us to collect your copay amount for future visits.
- Payment for non-covered services will be required on the day of service

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<u>*I have received a copy of the Notice of Privacy Practices***</u>**

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Initials

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Patient signature Date