
Patient Acknowledgement of Financial Policy

This document is designed to provide you with information regarding your responsibility in the billing process.

As the patient you are ultimately financially responsible for the medical services you receive. You are responsible for providing accurate and up-to-date insurance information as well as your current address. In addition, it is your responsibility to know your insurance benefits, including coverage for office visits and annual **wellness exams**.

Annual Wellness Exams:

- It is your responsibility to know what is covered during a physical exam/annual wellness exam.
- Your insurance will be billed for your physical exam, which typically does not require co-pay. If, however, your doctor addresses ANY other issues during your visit you will be required to pay co-pay and an additional charge(s) will be billed to your insurance.

Medical treatment for specific health conditions, on-going care, lab or other tests necessary to manage or treat a medical issue or health condition are considered diagnostic care or treatment, not preventive care.

Self -Pay

- If you do not have insurance coverage on the date of service, the entire cost will be collected at the time of service provided to you. We may also set up a payment plan. 50% of the total amount due must be paid at the time of service provided to you.

If you have medical insurance:

- You are responsible for co-pays, co-insurance as well as the deductible.
- Co-payments are due on the day of service. If you are unable to pay your co-pay a \$5 fee for billing will be applied. If you have a deductible, your insurance will be sent a claim and you will then be responsible for paying deductibles.
- Failure of your insurance carrier to pay claims within 90 days of filing is viewed as a refusal to pay; therefore, you become financially responsible. This usually results when the insurance carrier is holding the claim for review of pre-existing conditions and other insurance information requested from the patient.
- It is our policy to send 2 statements for a past due balance. If payment is not made a courtesy call will be made to try to make payment arrangements. If it is not resolved, the account will be sent to a collection agency.

Other charges:

- You may incur other charges that are listed on the following page.
- You may be charged for Completion of Forms (i.e. Disability/Leave of Absence, and DMV forms) and Copying of Records. The fee will be set at the time of the request.
- Checks returned by a bank for any reason will be assessed an additional \$30 charge. Any payments received after this point must be paid in cash, money order, or credit card.
- You will be charged for telephone consultations to the on-call Doctor or Nurse Practitioner for after hour calls. Our charges are according to our office fee schedule.

Lastly, our office will not accept Worker's Compensation and Automobile Accident insurance. Therefore, we prefer you seek a Doctor who accepts Worker's Compensation and Automobile Accident insurance.

Your signature indicates that you have read and understand our financial policy and agree to abide by it.

Signature of Patient or Legal Guardian: _____ **Date:** _____

Relationship (if applicable): _____ **Print Name:** _____