

Thank you for choosing us as your healthcare provider. We are committed to providing you with the highest quality of medical care. Our goal is to provide the best relationship between the patient and the physician through effective communication and good understanding between both parties. We have developed this financial policy in order to keep you informed about our regulations and limitations as well as to minimize any misunderstanding that may arise regarding your account. If you have any questions, please do not hesitate to ask one of our office personnel. Please read through this carefully and sign to acknowledge this prior to treatment.

### **Registration Process**

Initial visit – Upon the initial visit, a representative will collect information regarding: patient's personal information, contact information, insurance, employer, as well as other similar information.

Subsequent visits – During each return visit, all information provided previously will be verified and any changes will need to be updated. Please inform the staff at check in if there are any changes that need to be made.

Referrals – If another physician referred you to our office for a specific problem, proof of a current referral must be provided at the time of consultation. If your insurance requires a referral for your medical service at our clinic, your primary care physician must authorize your visit and provide us the authorization number. Assistance may be available but it is the sole responsibility of the patient. This can be accomplished by having a copy of the referral form with you at the time of your visit. If this form is not present and we have not received a copy of the authorization number from your primary physician by the appointment then you have the following options:

- You may call your primary physician and obtain the authorization number for this visit.
- You may reschedule this appointment until the required information is available.
- You may keep the appointment today without having an authorization number in place.

If you choose to keep the appointment without an authorization number then you will be personally responsible and must make payment in full of all charges related to your visit today. Payment is required at the conclusion of today's visit. If your insurance subsequently agrees to make payment on your behalf, you will be reimbursed for any overpayment received. However, if your insurance subsequently determines that authorization was required but not obtained, you will be held financially responsible for all charges, in accordance to our financial policies.

### **Payment of Services**

Payment of services provided is ultimately the patient's responsibility. For your convenience, we will accept the following forms of payment: cash, personal checks, money orders, Visa, MasterCard, and American Express. Payments should be made by the conclusion of the day's visit.

### **Health Insurance**

If you will be using health insurance to settle your account, we will gladly file a claim on your behalf. As a requirement of your insurance company, you must present your current insurance card at each visit. Your insurance company also

requires us to collect any applicable co-payments and deductibles at the time of service. Please understand that your insurance policy is a contract between you and your insurance company; we are not a party to your insurance contract. Any coverage issues can only be addressed by your employer, your group plan administrator and your insurance company. You are responsible for your total balance whether the insurance company pays or not. This includes amounts denied, applied to deductible or considered non-covered as permitted by your insurance company. We do not look to a third party for payment.

If you are an out-of-network patient, your deductible rates may be higher than if you see an in-network provider. So that you stay informed, you should verify these amounts with your insurance company prior to your visit.

### **Self pay**

If you are self-pay, you will be expected to pay the day's charges on the day of service. There may be additional charges rendered after your visit which will be billed to you at a later date. Special considerations will be made for those individuals who make payments in full.

### **Non-medical charges**

These services and charges are never reimbursed by your insurance plan therefore the patient is responsible for such payments.

Returned checks- A charge of \$50 may be issued for a returned check for treatment.

Cancelled or missed appointments- Please give notice by 1pm the day prior to your appointment if you will not be able to keep it.

Requests for copies of medical records may have a fee of \$25 unless the copies are formally requested by another physician's office or healthcare facility.

Additional forms to be filled out by the physician as requested by the patient may have a fee associated with it. Please see the office manager for more detailed information regarding this.