Payment Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. We have developed this payment policy regarding patient and insurance responsibility for services rendered. Please read it, ask us any questions, and sign below. A copy will be provided to you upon request.

1. **Insurance.** We participate in most insurance plans. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but do not 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. **Co-payments and deductibles.** All co-payments and deductibles must be paid, in full, 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 is considered fraud. Please help us uphold the law by paying your co-payment at each visit. We accept cash, checks, Visa, and MasterCard. There is a $25.00 service charge for all returned checks.

3. **Non-covered services.** Please be aware that some, and perhaps all, of the 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 a provider. We must obtain a copy of a current insurance card to provide proof of insurance and provide insurance numbers. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.

5. **Claims submission.** We will submit **all** claims in a timely manner, regardless of participation with insurance company, 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 discussed with our collection department. 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 regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our providers will only be able to treat you on an emergency basis. Any additional charges, as permitted by law, will be the patient's responsibility. Currently a 30% service fee will be added to all unpaid balances sent to a collection agency.

8. **Missed appointments.** We will send a reminder when an appointment is missed requesting you call and reschedule. If appointments are missed repeatedly, you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our providers will only be able to treat you on an emergency basis.

9. **Disability/Insurance forms.** We charge $10.00/form completion. Payment is due before forms are returned to patient.

10. **Motor Vehicle Accidents.** When seeing a provider for a motor vehicle accident or related problem, payment is expected at time of service. We will provide any information needed to help you receive payment from the auto insurance.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.
I have read and understand the payment policy and agree to abide by its guidelines.

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Signature of patient or responsible party Date