



PAYMENT POLICY

We are committed to providing you with quality and affordable health care. Please read this payment policy in full, ask us any questions you may have, and sign in the space provided.

1. **Insurance:** Please contact your insurance company with any questions you may have regarding your coverage. If you are not insured, or if you are insured by a plan we do not accept, self-pay is available at a competitive rate. Payments are due in full before each visit.

2. **Copayments and deductibles:** All copayments and deductibles must be paid at the times 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 co-payment at each visit.

3. **Non-Covered services.** Please be aware that some – and perhaps all – of the services you receive may not be covered or not considered reasonable or necessary by Medicare, and other insurers. You must pay for these services in full at the time of your visit.

4. **Proof of insurance.** 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 your 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 a party of that contract.

6. **Coverage changes.** If your insurance changes, please notify us before your next visit so that 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, we will refer unpaid accounts to a collection agency and you will be responsible for the additional agency fees. In addition, you and your immediate family members may be discharged from this practice for non-payment. 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 appointments.** There is a \$50 fee for all No Shows and Same Day Cancellation.

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

Printed Name

Signature

Date