
Office Policies Regarding Financial Arrangements and Medical Insurance

Our office is committed to providing you with the best possible care. In order to achieve this goal, our office needs your assistance, and your understanding of Insurance, Payment, and Billing Policies.

Your insurance coverage is a contract between you, your employer, and your insurance company. Our office is not a party to this contract. Our relationship is with YOU and NOT YOUR INSURANCE COMPANY. All charges are YOUR RESPONSIBILITY. It is not possible for us to know the particulars of each contract: pre-existing clauses, contract exclusions, referral details, authorization, deductible and co-payment information, and diagnostic testing coverage. We advise you to confirm your policy coverage and benefits with your insurance carrier.

_____ (initial) It is your responsibility to confirm the doctor you are seeing is on your insurance provider list. It is also your responsibility to notify the office of lab preference and any insurance changes. **Our office policy automatically sends all labs to LABCORP unless otherwise instructed by you.**

_____ (initial) As a service and convenience to you, our office will file your primary insurance claim. **Accurate insurance must be provided within 90 days of your date of service.** Our office will be unable to submit an insurance claim on your behalf after 90 days due to many timely filing deadlines. Therefore, if inaccurate information is not corrected within 90 days of the date of service, you will be responsible for any balance. If you choose to bill your insurance after the 90 days, we are happy to provide a detailed service report for you to submit to your insurance. They may reimburse you directly according to your plan coverage.

If you do not have insurance or if you have a high deductible, full payment is due upon services rendered unless previous arrangements have been made with the billing department.

_____ (initial) All **co-payments** must be made at the time of service. If your co-payment is not paid on the day services are rendered, a \$5 billing fee will be applied to your account.

_____ (initial) There is a \$15 processing fee for **FMLA paperwork, Disability Forms, and copies of Medical Records.** These will be completed within 3 days of receipt.

_____ (initial) The office requires a 24-hour cancellation notice. If you NO-SHOW for an appointment, a fee of \$25 will be charged.

_____ (initial) **Our office has no control over what insurance companies will or will not pay.** You will receive monthly billing statements detailing the services rendered and the charged amount. It is your obligation to ensure your insurance pays. If your insurance does not pay, you are responsible for the balance.

Medicare & Medicaid Disclaimer: Our office does **NOT** accept Medicare, Medicaid, or other state funded insurance as a primary or secondary insurance. If you plan on obtaining Medicare, Medicaid, or state funded insurance, the office must be notified immediately, and you will need to transfer to a new physician.

IMPORTANT: Interest charges, 1.5 % per month with a \$0.50 minimum per month, will be added on unpaid balances after 60 days. If your delinquent account becomes more than 90-days past due, the account will automatically be turned over to a collection agency. **You agree to pay an additional 50% collection fee, and all legal fees of collection, with or without suit, including attorney fees and court costs.**

I have read, understand, and agree to the above policies.

Print Name

(Patient; Parent; Legal Guardian)

Signature

Date

A copy of this agreement is available upon request