



## Financial Agreement

Payment is due at the time of service. We accept cash, checks and credit (Visa and Mastercard and American Express).

All co-payments, deductibles, and non-covered services must be paid in full at the time of service.

Our office will submit claims to your insurance company *as a courtesy* service to you. **It is your responsibility to know what services your insurance plan covers;** we take no responsibility to know what your insurance plan covers. Services that we render that are not covered by your insurance plan are your responsibility. We emphasize, as your health care providers, that **our relationship is with you, not your insurance company.**

In accordance with National Coding Guidelines, charges may be applied to services rendered during regularly scheduled evening (5pm or later), weekend, or holiday office hours in addition to basic visit charges. These charges may be passed to the patient if insurance coverage does not cover this code.

If your insurance plan involves managed care, please review your coverage. **If you need services that require a referral, adequate planning is essential.** Referrals must be authorized by the doctor and may be subject to physician network restrictions. Authorization from your insurance plan for your referrals may take one or more weeks. Please be aware that we may be unable to accommodate same day requests for referrals. Upon receipt of a referral to a specialist or ancillary service, it is your responsibility to be aware what has been authorized. Subsequent visits, procedures, surgeries, and hospitalizations may require additional referrals. Failure to obtain necessary authorizations could lead to out of pocket expenses for you. We are happy to assist you in any way with your health insurance managed care plan; however, our experience has demonstrated that planning and adequate lead time is essential. Your knowledge of your plan's regulations and benefits as well as adequate planning will help avoid delays and denied claims.

If your insurance company requires laboratory specimens to be sent to a specific lab, it is your responsibility to know what labs participate with your plan. Please make us aware of this information.

If you are experiencing financial difficulties, please discuss this with the business office staff. We will gladly work with you to make payment arrangements. **Accounts over 90 days past due may be referred to a collection agency and such accounts may be reported to a national credit agency. You agree that we may charge reasonable collection fees and attorney fees if we are forced to refer your past due account to a collection agency and/ or attorney.**

No Show Appointments: If an appointment is made with one of our physicians and then the patient fails to show up for the appointment with no call to cancel, there will be a \$25.00 charge.

As Failure to show for appointments is extremely disruptive to our practice and can interfere with other patient's access to care, patients with three or more no-shows may be dismissed from the practice.

There may be a charge for the preparation and completion of forms beyond those associated with normal visits (i.e. disability forms). Prior to completion, you will be informed if a fee will be assessed.

Be advised that, as per CPT National Coding standards, addressing acute/active medical issues during a Wellness/Preventive visit may result in additional separate billing codes distinct from the wellness visit codes. This may result in additional charges that may not be covered by your insurance. **Preventative and sick visits should be scheduled separately** to minimize this risk.

Visits may have to be rescheduled if you arrive later than your scheduled time.

Please be advised that during your first visit to our office in each calendar year we will obtain a new signed financial agreement from each patient. We sincerely appreciate your cooperation and are happy to assist you in any way we can.

I have read, understand, and accept the above statements.

Print Name of Patient \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_