**PAYMENT POLICY**

WE accept most insurance plans and some plans have a copayment that is the patient’s responsibility. We accept cash and all major credit cards. We do not accept checks.

It is YOUR responsibility to provide us with a current insurance card and follow the rules of your insurance company. You must comply with such rules as: a valid referral from PCP (Primary Care Physician) at time of your visit (if your insurance requires a referral). You are responsible for paying any deductible and copayments and non-covered services. **COPAYMENTS are due at the time of your visit.**

1. We are **NOT** responsible for determining if we are in network for your insurance. If you are denied coverage, you will be responsible for the entire balance. Please check your insurance coverage.
2. We will file group insurance claims and we do Medicare assignment.
3. All patient will be required to keep a credit/debit card on file. The card will be charged for co-pays and balances unless alternative arrangements are made.
4. A 24-hour notice is required on cancellations. If you don’t show up for your appointment or call it will be considered a NO SHOW and your card on file will be charged the no show fee. In case of inclement weather, we understand that patient may need to cancel the appointment. If appointments are consistently missed, you will be referred to another physician.
5. In the event that your account is turned over to a collection agency, you are responsible for any and all related attorney and/or collection fees.
6. If there is an outstanding bill on your account, this matter needs to be taken care of prior to your appointment.
7. A service Fee of $25.00 will be charged for any additional paperwork – (FMLA, DISABILITY, ETC…) that needs to be filled out by Dr. Khan or the Nurse.
8. Cancellation & No Show Policy –

$25 fee if you cancel/no show your appointment within 24 hours of your office visit ($75 at Farmington location).

$25 fee if you no-show to your appointment and want to reschedule.

$75 fee if you cancel within 72 hours for an in-office procedure

$250 fee if you cancel your surgery within 1 week.

1. No Show – If you no show to your appointment, we may not be able to reschedule you. If we reschedule we may ask you for a credit card down payment on the visit.
2. Patients undergoing procedures and surgeries will be required to have a credit card on file. All balances, co-pays, deductibles will be collected prior to scheduling surgery. Surgery may be rescheduled if there is not a 0 balance on the day of surgery. You may be asked to make a down payment of at least 50% of your portion prior to surgery.

I have read all the above terms and assume full responsibility for paying any medical services charges and finance charges according to these terms

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_