



Office and Financial Policies

West County Rheumatology is contracted with most major commercial insurance companies, Medicare, Medicaid (as secondary to Medicare) and most government insurance plans.

Please contact your insurance provider prior to treatment to verify coverage. Non-covered services are the patient's responsibility and due at time of service.

All co-payments are due at time of service. These fees cannot be waived, per our contractual agreement with your insurance company.

We submit claims to primary, as well as secondary and tertiary insurances, if applicable, for each visit. Patients will receive monthly statements for balances redeemed "patient responsibility" by their insurance carrier. Payments are due 30 days upon receipt of first statement. A monthly fee will be applied for recurring balances. By my signing, I understand and acknowledge that my health insurance provider may not pay West County Rheumatology for all charges in connection with the medical services rendered.

West County Rheumatology operates in the best interest of our patients. If you are unable to pay your balance in full, please contact our billing office at 244-612-1305 to make payment arrangements. West County Rheumatology currently accepts Check, MasterCard, Visa, Discover, and American Express.

Failure to pay any past due balance will result in efforts by a third party representative and administration fees will apply.

Patients not accompanied by a parent are responsible for copayment or any charges pre-determined not covered by insurance at the time of service.

We will make every effort to accommodate your scheduling needs. In return we ask that you help up by keeping your scheduled appointments and notifying our office at least 24 hours in advance if you are unable to keep your appointment.

Appointment not cancelled with 24 hours prior notice will result in a warning. The Second appointment not cancelled within 24- hour notice will result in a \$50.00 fee and notified that appointments are not being kept. The Third appointment not cancelled with 24- hour prior notice will result in a \$100.00 fee and an dismissal from our practice.

I, _____ have read the Office and Financial Policies of West County Rheumatology and have all my questions/concerns answered or addressed. I agree to these terms and to the assignment of benefits from my insurance company to West County Rheumatology.