



"2021" Billing Policy

CO-PAYMENTS, DEDUCTIBLES, AND BALANCES WILL BE COLLECTED AT THE TIME OF SERVICE. Co-Payments, deductibles and balances are the responsibility of the patient. Extended unpaid balances for deductibles and/or co-payments will be forwarded to a collection agency.

We will bill your insurance company as a courtesy. Your insurance policy is a contract between you and your insurance company. It is your responsibility to know your benefits and how they will apply to your treatment by the doctor. If your insurance company has not paid your account in full within 45 days, the balance may be transferred to you and / or the guarantor.

Patients with HMO/Managed Care Insurance Plans: Prior authorization must be on file in writing prior to all scheduled appointments and tests. Our business office will attempt to obtain all authorization prior to your appointment, it will be helpful and possibly expedite the process if you contact your Primary Care Physician two weeks prior to your appointment to ensure an authorization is in process.

By signing this form, you are certifying that you are eligible with the insurance company listed on the card you presented at the time of each of your appointments. "I, the patient, understand that if the above is not true or if I am not eligible under the terms of my Medical and Subscriber Agreement, I am liable for any and all charges and services rendered".

No Show Policy: Patients who fail to be present for a scheduled office visit appointment or lab appointment or who do not cancel their appointment with a 24-hour notice, will be charged a \$75.00 fee.

Any checks returned by the bank will be subject to a \$35.00 service fee.

A patient will be considered a cash patient once the account has been sent to collection due to a delinquent balance. **Any future services, after a patient has been sent to a collection agency, will need to be paid at the time of service.** Our office will not bill your insurance, but we will give you the necessary form so you can request reimbursement from your insurance. The patient will be responsible for any extraordinary costs associated with the collection of funds owed to the practice, including but not limited to, collections agency fees, attorney's fees and court costs.

Payment arrangements can be made in advance of services rendered in cases involving cash patients and/or financial hardship. Please ask to speak to a representative of the Business Department.

I have read, understand, and agree to comply with the above information.

Signature of Patient/Guardian

Date

Printed Name

Verified By: _____