

Northwest Pulmonary and Sleep Medicine

FINANCIAL POLICY

We believe that part of good healthcare practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policy.

1. **PAYMENT** – Payment is expected at the time of your visit. We will accept cash, credit card, or check. Payment will include any unmet deductible, co-insurance, co-payment amount or non-covered charges from your insurance company. If you do not have insurance, or if your coverage is currently under a pre-existing condition clause, payment in full is expected at the time of your visit in cash or credit card ONLY. No personal checks will be accepted. We will ask for a copy of an ID or license due to cases of identity theft. (Please do not be offended!) Please ask about our fees before your visit.

2. **INSURANCE**- We are participating providers with several insurance plans. We will file all of these insurance claims. Please remember insurance is contracted between the patient and the insurance company and ultimately the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. If we later receive payment from your insurer, we will refund any overpayment to you.

Due to the existence of multiple different insurance products, our staff cannot guarantee your eligibility and coverage. Be sure to check with your insurer's member benefit department about services and physicians. You are responsible for payment if your claim is rejected.

Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered" you will be responsible for the complete charges.

3. **BALANCES** - Balances older than 90 days without a payment will be turned over to a collection agency.

4. **RETURNED CHECKS** – If your check is returned, you will incur a \$45 service charge. Prior to your next appointment, you will be asked to bring cash or a money order to cover the amount of the check plus a \$45 service charge.

5. **CANCELED OR MISSED APPOINTMENTS** – Not showing up to a clinic appointment or canceling a clinic appointment within less than a 24 hour time period will be subject to a fee of \$50. Not showing up to a sleep study or canceling a sleep study within less than a 24 hour time period will be subject to a fee of \$100.

6. **ACCOUNT PRINCIPLES** - Payments and credits are applied to the oldest charges first, except for insurance payments, which are applied to the corresponding dates of service.

7. **COMPLETING INSURANCE FORMS, COPYING MEDICAL RECORDS, ETC** – Completion of these forms requires office staff time and time away from patients care from our providers. We may require a pre-payment for completing forms, copying medical records, or for extra transcriptions by providers. The charges are determined by the length and complexity of the form or documents.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Signature of patient (or legal guardian)

Date

Print name of patient

Patient's date of birth

Legal guardian's relationship to patient