



Office Financial Policy

1. We will collect your co-pay, annual deductibles, and uncovered services fees prior to seeing the physician. Payment methods are: cash, check, money order, Visa, MasterCard, and Discover.
2. There is a \$25 charge on all returned checks. This is to be paid by cash, money order, or credit card only.
3. There is a \$25 charge for failure to show for a scheduled appointment. We ask that your appointment is cancelled 24 hours prior to scheduled time.
4. If you have no health insurance, we require payment in full at the time of the visit.
5. Please be thorough with your insurance information. Have your **current** insurance card with you at each appointment. You will be responsible for any unpaid balance due to lack of information.
6. As a courtesy, we will file a claim with your insurance. It is your responsibility to make sure that we receive prompt payment from them. It is useful to maintain frequent contact with your insurance carrier to make sure they are paying, as they should. If your insurance does not pay or respond to your claim within 60 days, from date of service, you will be responsible for payment.
7. Your insurance will send you an explanation of benefits that explains what they have paid to our office. This is a record that you should keep on file. If you do not agree with their payment, please contact the insurance company directly.
8. If your insurance denies payment on your account, you will be asked to pay by check, cash, money order, or credit card as soon as you are notified of denial.
9. Should your balance go unpaid and be sent to our outside collection agency, there will be a \$10.00 service charge added to your outstanding balance. In addition, failure to remit payment on a past due account may result in termination of the physician/patient relationship.
10. If your account is assigned to our outside collection agency, your account balance must be paid in full before any future office visits can be scheduled.

11. If you are sent outside of the office for additional testing such as lab work or imaging, that facility will file your insurance for you. If you have questions regarding billing or claim payment, call the facility directly. We do not have information regarding billing from outside of this office.
12. There is a fee to have forms completed by your physician. These fees will not be billed, but are due at the time the forms are dropped off or picked up. The fees are as follows:

- Attending Physician Statement \$25.00
- Additional forms (each) \$15.00
- DMV Forms \$25.00
- Letter of Medical Condition \$25.00
- Family Medical Leave Act \$25.00
- Jury Duty Excuses \$10.00
- Social Security \$25.00
- State Disability and EDD \$15.00
- Extension Forms \$10.00
- Triplicate Prescriptions (re-orders) \$5.00
- Miscellaneous Forms \$10.00

Patient's Name: _____DOB: _____

Signature of Patient or Legal Guardian: _____