

Melissa J. Thiel, M.D., P.C.
Financial Policy

Payment in full is due at the time of service unless other prior payment arrangements have been made. To make your financial arrangements as easy as possible, we have the following methods of payment:

Please check your preferred plan.

- _____ Insurance (non-participating)/ Payment in full on date of service
If you have an insurance plan that we do not participate with, payment in full is due on date of _____ service.
 - Cash
 - Check
 - MasterCard/Visa

- _____ Insurance (GEHA). If your insurance is GEHA, you will be responsible for any co-pay or percent of the charges that your insurance plan does not cover. As a courtesy, we will submit the claim *once* on your behalf. If a balance remains on your account after the insurance company processes your claim, the balance will be due immediately.

Please Note: Since your insurance is a contract between you, your employer, and your insurance company, we are not a party to that contract. If we bill your insurance company for a service and the insurance company does not remit the full payment within **45** days of the submission of the claim, *you will be required to pay the remaining balance.* Claims are submitted once and only resubmitted if our office made a clerical error. The balance on your account is due immediately upon payment or denial of your claim. Regardless of your insurance status, you are ultimately responsible for the balance of the account for which any professional services are rendered. We understand that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Due to the time and expense involved, there is a charge for copying records (\$27.50), writing letters on your behalf, completing forms other than standard insurance submissions and *extensive* telephone consultations involving nurses and physicians. In addition, there may be a charge for lost or transferred prescriptions, as well as after hours, weekend, and holiday calls from physicians for urgent gynecological problems and treatment. These calls require physician and staff time and will be documented in the medical record.

All balances that are the responsibility of the patient must be cleared immediately when payment is due. Balances remaining after this time will be subject to a **1.5%** interest per month, and up to 18% per year, until payment is received. *Minimum monthly service and rebilling fee is \$5.00.* If you need to set-up a payment plan please contact our office manager to work out an appropriate agreement. If payment of your balance in full has not been made within two billing cycles, or a payment plan has not been signed, your account will be sent to collections.

Missed appointments or cancellations within 24 hours of the appointment are subject to a late cancellation fee of \$50. If you miss or cancel within 24 hours of a new patient appointment, a \$50 dollar late cancellation fee will be assessed and a credit card number must be provided in order to schedule another appointment. If a second new patient appointment is missed or cancelled within 24 hours, your credit card will be charged \$100 and you will not be able to reschedule as a new patient.

Collections Policy: Patients who are sent to collections are responsible for any outstanding balances from our office as well as the actual cost of collections. The patient is responsible for any collection agency fees incurred by the practice.

Refunds: Overpayments will be refunded upon written request to the responsible party within 30 days of our office confirmation.

I certify that I have read the information contained in this financial form and agree to the terms listed. I also agree to pay all costs of collections and attorney fees. There will be a \$20.00 fee assessed on all returned checks.

Print Name _____ Date _____

Signature _____