

Office & Payment Policy for Calallen Medical Clinic (Medicare Version)

In order to clarify expectations regarding patient and insurance responsibility for services rendered, we have been advised to develop these general office policies. Please read it, ask us any questions you may have, initial and sign in the spaces provided. A copy will be provided to you upon request.

1. Missed appointments/Late cancellations/Mutual respect for time. In order to provide you with the highest quality medical care and minimize your “wait time”, we see patients by appointment only. When you schedule an appointment with one of our providers that **time is reserved exclusively for you** to discuss and review your medical concerns for which time, energy and resources have been committed on your behalf in preparation. We do understand that on occasion unforeseen circumstances do arise and the need to cancel your scheduled appointment may be necessary. Our policy is to closely monitor, and at times dismiss patients who abusively miss appointments or cancel with inadequate notice (<24 hours). **Giving us your best current phone numbers and emails will help in our courtesy reminder protocols, but remembering your appointment is ultimately your responsibility.**

Similar to reservations you might make with hotels, we ask you to show consideration by calling our office 24 hours in advance (during normal business hours) for any cancellations. Please verify you do not have duplicate or additional appointments when cancelling or changing your appointments.

A \$25, \$50, or \$75 charge will be assessed for “no showing” or for failing to give 24-hour notice of the need to cancel all **routine appointments**, for the first, second, and subsequent events respectively.

A \$150 charge will be assessed for “no showing” or for failing to give 24-hour notice of the need to cancel all scheduled **procedures, and physicals.**

We reserve the right to require a non-refundable deposit prior to scheduling an appointment.

Initials: _____

2. We have “opted-out” of Medicare and do NOT accept Medicare Insurance. Our relationship with you as it relates to Medicare is outlined in the Patient Contract that is required by Medicare. Our model of care is a retainer type practice similar to attorneys. We require a retainer in advance of activating your account, which is **non-refundable**. Any visit charges will be deducted from this retainer. At subsequent visits you will be asked to pay-up your retainer balance to the threshold, prior to your day’s visit with the provider. This will qualify you for any discounts that may be available, and help keep our/your costs down by saving us the expense of sending statements. Additionally, it will save you additional fees for failing to make payments timely. Each patient is required to complete patient information forms before seeing the doctor, and we must obtain a copy of your driver’s license and picture for security purposes. In special circumstances where the cost of services are expected to be greater than your current account balance, we may ask you to pay for the services in advance.

4. Non-covered services. Under no circumstances do we accept workman’s comp insurance, or car insurance. In the event you switch from private contract to workman’s comp or car insurance, you agree to pay the full price for all services provided during visits which encompass the work-related or vehicle related issue.

5. Nonpayment. If your account is over 30 days past due, your account will be turned over to a collection agency, whose charge of 35% of the amount due will be added to your account. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, you and your immediate family members may be discharged from this practice and your balance reported to the credit bureaus. If you are the holder and guarantor of your insurance policy, any unpaid balances by patients covered under your insurance plan are ultimately your responsibility. If this is to occur, you will be notified by regular mail that you will need to find alternative medical care.

Our practice is committed to providing the best treatment for our patients. In order to provide the most timely and cost efficient service to you, you agree to us contacting you by telephone, email or other electronic communications, regarding appointments, test results, billing, reminders, alerts, notices, newsletters, or other items related to healthcare services. Thank you for understanding our policies. Please let us know if you have any questions or concerns.

I have read and understand the Office and Payment Policy for Calallen Medical Clinic, (Rev 10/2015MC) and agree to abide by its guidelines.

Print patient name

Email

Signature of patient or responsible party

Date