

OFFICE POLICIES AND PROCEDURES

PAYMENT

Copays are due at the time of service. Our office does not bill you for copays. We accept cash, check, Visa, Mastercard and Discover. All returned checks will be assessed a \$35.00 returned check fee in addition to the original charge.

INSURANCE CARDS

Insurance cards are required at every visit. If there are any changes to your insurance including, but not limited to, new insurance member identification number and / or group number please inform the office. If you have not provided our office with the correct insurance information, you will be responsible for any balance due. We are unable to re-submit insurance claims.

SELF PAY PATIENTS

If you do not have insurance, your balance is due at the time of your office visit. Our office accepts cash, check, Visa, Mastercard and Discover.

WORKMAN'S COMPENSATION

If your visit will not be submitted under your insurance plan, our office must have all necessary claim information before or at the time of your visit. If you are unsure of what information to bring, you should call our office before your visit. We may need to reschedule your appointment until we have all the necessary claim information. If you do not provide us with the correct information then you will be personally responsible for outstanding account balances.

MONTHLY BILLING STATEMENTS

Every month our office sends out a monthly billing statement to every patient. The balance due is the remainder owed after your insurance has paid. It is your responsibility to pay your monthly statement each month even if you and your insurance company are disputing coverage.

COLLECTIONS

If your account balance is unpaid and overdue after three monthly statements or more and you have not responded to any of our attempts to contact you, your account will be referred to a collection agency. Once your account is in collections, you will be dismissed from our practice and any further communication concerning your account will be between you and the collection agency. Again, please note that we will only proceed to these measures if you do not respond to our attempts to communicate with you and set up a payment plan.

PAYMENT PLANS

If you have negotiated a payment plan with us you are responsible for making timely and consistent monthly payments. We offer payment plans as a courtesy to our patients in time of need. If you fail to make your scheduled due date, your account will be sent to collections for non-payment.

LATE FOR APPOINTMENTS

Please try to make every effort to notify our office if you will be arriving late. If you will be more than 30 minutes late we may need to reschedule your appointment or we may ask that you wait until the next open spot in the schedule while we continue to see the patients who have been arriving on time.

PAPERWORK TO BE FILLED OUT BY THE DOCTOR

An appointment may be required to have forms completed. Please check with the staff to see if your form will require an office visit. If a scheduled appointment is required your copay is due at the time of visit.

NOT SHOWING FOR YOUR SCHEDULED APPOINTMENT

We ask that 24 hour notice is given when canceling an appointment. No showing for an appointment will result in a \$75.00 fee which is not covered by insurance. Frequent no-shows or cancellations will result in being discharged from the practice.

EXCHANGE OF MEDICAL INFORMATION

All requests by patients must be signed and in writing by letter, fax or a medical release of information form. Verbal request are not acceptable. A request is not necessary if the information is shared with a physician we have referred you to.

COPYING FEES

We do charge a fee for the copying of medical records. The fee and length of time to copy the medical record is dictated by the size of the chart. Please give the office advance notice. Copying fee is due at time of pick up.

DIAGNOSIS CODES

Our office cannot recode an office visit because your insurance does not cover certain visits. This is illegal and considered fraud. It is the responsibility to know what your insurance plan covers. Physicals, shots and psychiatric care are a few examples of what some insurance companies may not cover. Always call your insurance company to verify coverage. It will be your responsibility to pay any unpaid amount that your insurance does not cover within 30 days.

RESULTS FROM TESTS

Our office will notify you with the results from testing as soon as they become available to us and are reviewed by your doctor. If another physician ordered the test and copies are sent to us, it is the responsibility of the ordering physician to contact you.

UNCOOPERATIVE PATIENTS

Physicians are not required to continue treatment of a patient who is uncooperative, refuses to follow treatment advice and / or presents difficulties in the doctor – patient relationship. Our goal is to try accommodate all our patient’ needs. Demanding and abusive language does not help us achieve that goal. Patients may be dismissed from our practice for non-compliance.

I acknowledge and understand the office policies and procedures.

Signature: _____

Date: _____