

FINANCIAL POLICY

Thank you for choosing our practice. We believe that establishing a written financial policy is mutually beneficial for all parties. It is our goal to avoid any miscommunication or concerns regarding financial matters in order to focus our energies on providing quality healthcare services to our patients. Our financial policy is as follows:

1. **Payment** – Payment is expected at the time of service, but payment is not due immediately to the extent of the charges that will be satisfied by an insurance payment.
2. **Insurance** –
 - a. Please provide a copy of your insurance card prior to each visit.
 - b. We will file insurance for you under most circumstances as long as you provide us with current information. You are ultimately responsible for understanding the details of your coverage and what charges you may incur.
3. **Minor Children Patients** –
 - a. Minor children patients must be accompanied by a parent or legal guardian.
 - b. Charges for services rendered to minor children are the responsibility of the parent who seeks treatment for the child and are due at the time of service regardless of court-ordered responsibility.
4. **Self-Pay Patient Discounts** – We offer discounts to our self-pay patients (patients who have no insurance coverage) who pay in full at the time of service –
 - a. 50% for All Services (other than Chemotherapy, pharmaceuticals, school and sports physicals, Durable Medical Equipment and Motor Vehicle Accidents).
 - b. Self-Pay Patient Discounts do not apply to co-pays, co-insurance, and/or deductibles.
 - c. Self-Pay discounts do not apply to “patient responsibility” amounts remaining after insurance payments.
 - d. If a patient is deemed indigent under University Hospital, the physician practice will also honor that status and apply indigent care as applicable.
5. **Restricted Service** – All Account balances must be in good standing prior to receiving additional services. Please contact our office if you are unable to pay your balance.
6. **Additional Service Charges** –
 - a. Returned Checks: Service charge of \$30
 - b. No Show Charge for missed appointments \$25
7. **Past Due Accounts** of 60 days or longer may be turned over to a third party for collection, along with collection costs, attorneys’ and court fees. You may also be discharged from the practice.
8. **Motor Vehicle Accidents** – We will not file 3rd. party insurance, this must be paid at the time of service.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered or not paid by my insurance company, as well as applicable co-pays and deductibles, are my responsibility.

Patient Printed Name

Patient Signature or Authorized Person

Date

Relationship to Patient