

PAYMENT POLICY

Thank you for choosing us as your health care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. **Insurance:** We participate in most insurance plans, including Medicare & Medicaid. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. **Knowing your insurance benefits and providing us with updated insurance information is your responsibility.** Please contact your insurance company with any question you may have regarding your coverage.
2. **Co-payments:** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Please help us in upholding the law by paying your co-payment at each visit.
3. **Non-covered Services:** Please be aware that some- and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You may pay for these services in full at the time of visit.
4. **Proof of Insurance:** All patients must complete our patient information forms before seeing the provider. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
5. **Claims Submission:** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
6. **Coverage Changes:** If your insurance changes, please notify us so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
7. **Nonpayment:** If your account is **90 days past due, you will not be allowed an office visit until your balance is paid in full.** Partial payments (minimum of \$50) will only be accepted if a payment plan is signed (not to exceed 6 months) and approved by management. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members will not be seen by a provider until the account is paid in full. If payment history with our clinic is labeled as "poor", we reserve the right to treat you and immediate family members as "cash pay only" or to refuse service.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date