

APPOINTMENT POLICIES AND FINANCIAL RESPONSIBILITY AGREEMENT

Appointment Policies

Our administrative office hours are Monday through Friday from 8:00am until 4:30pm. Clinic hours vary by provider but are generally four half-days each week. We make every effort to schedule your appointment at the most convenient time for you. If you cannot keep your appointment, please let us know of your cancellation as soon as possible so that we may offer the slot to another patient.

A \$35.00 fee will be applied to all missed appointments or late cancellations (appointments cancelled within 24 hours of the scheduled time). To help remind you of your upcoming appointment, we will send out reminders via text or email. If need be, you will have the opportunity to cancel your appointment by replying to any of these reminder messages.

Please bring your insurance card and a photo ID to every visit. Please also include proof of a physical address (i.e.: no "P.O. Box" addresses allowed).

Insurance and Associated Fees

We must collect all fees and co-payments that your insurance may require at the time of your visit, including a pre-payment toward any unmet deductible – this is a contractual obligation we have with the insurance companies and these fees cannot be waived. Please make every effort to make sure we are in-network with your specific insurance plan. If we do not participate with your insurance plan, you must make full payment for all services rendered at the time of your visit. In those cases, as a courtesy, we will still try to file a claim on your behalf, though your insurance carrier may or may not reimburse you according to its practices and policies.

If your insurer requires a pre-authorization for you to see one of our providers, then you are responsible for obtaining that referral or authorization from your primary care physician. We will assist as able, but if an authorization is required and not obtained, then you will be responsible for the full payment of the visit and any associated service fees.

We are considered to be a third party with your insurance company. Please understand that the Explanation of Benefits that we receive from your insurer is how we apply any payment or deductible to your account. We are not responsible for any discrepancies with your insurance company. We will help provide any necessary medical records (from our physicians) if you need to file an appeal with your insurer.

Delinquencies and Other Fees

After 120 days, any delinquent debts will be referred to an outside collections agency, at which time they will assume full responsibility for your account. If it looks like you will be unable to fulfill your debt within 120 days, please contact our office immediately so that we can help set up a payment plan or make other arrangements.

Returned checks are subject to a \$35.00 NSF charge. This fee is assessed to us by our bank which we then forward on to you. There is a \$50.00 fee for faxing or mailing any forms up to 5 pages each, additional pages are \$2.00 each. This fee must be paid in advance of documents being released. This fee is waived for documents requested specifically by another provider's office or healthcare setting.

By signing below I indicate that I have read and understood the policies described above.

Signature of Patient or Legal Surrogate

Date

Time

Printed Name of Patient or Legal Surrogate

Relationship (If Legal Surrogate)