



# Patient Financial Agreement

We have developed this payment policy to provide clear expectations about your financial responsibility for the healthcare services you receive here. Please READ EACH SECTION and check the box next to it when done, indicating you understand the financial obligations you are agreeing to as a patient. If you have any questions, please do not hesitate to ask

**1. Insurance**

We are contracted with most insurance plans but you should understand you may still owe money relating to your visit, even though you have health insurance.

**2. Copayments, Coinsurance & Deductibles**

Your copayment is always due at the time of your visit. If you have an open balance on your account, that will also be collected when you check-in for an appointment.

**3. Balance due notifications**

If your insurance carrier determines you are responsible for a portion of your visit, you will receive a text message with the balance due and instructions on how to make payment.

**4. Credit card on file agreement**

You will be required to provide our office with your credit card information, which will be held securely on file for any balances due on your account. Charges to that card will be made 2 business days following text message notification of any balance due.

**5. Patients without insurance**

We offer reduced "self-pay" rates to patients without insurance. These amounts are similar to the contracted rate most insurance carriers would pay for in-network services.

**6. Missed appointments (no shows)**

If you fail to keep a scheduled appointment, you will be charged a \$45 no show fee. Please call our office 24 hours in advance if you need to cancel or reschedule any appointments.

**7. Monthly statements**

These are sent out on the 10<sup>th</sup> of each month via the patient portal and US MAIL. Any balances that are not paid within 30 days will incur a \$10 rebilling fee.

**8. Unpaid balances on account**

Any balance on your account that is not paid within 60 days may be turned over to an outside agency for collection. This action would result in termination from the practice.

**9. Financial arrangements**

If you find that you are unable to pay your bill within 30 days, please call our office and speak to the billing manager. While we typically do not make payment arrangements, we can still work with you.

**10. Insurance claim submission**

By signing this form below, you are agreeing to allow our office to file a claim with your insurance carrier whenever you receive services from this office.

**I have read and understand this patient financial agreement.**