



Financial and Office Policies

Thank you for choosing us as your healthcare providers. We are committed to providing you with quality and affordable healthcare. The following are our Financial and Office Policies. Please read them, sign the attached signature page, and keep this copy for your records. Please ask us any questions that you may have.

Patient Responsibility: We participate in many insurance plans. We recommend you become familiar with your insurance benefits and confirm our participation with your plan. Most misunderstandings about insurance can be avoided if you understand what your policy covers. Please contact your insurance company with any questions you may have regarding your coverage.

Proof of Insurance: All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your valid driver's license and a current, valid insurance card. We may be required to collect payment in full if we are unable to verify your current insurance information. Please bring these items with you to each visit.

Co-pay, coinsurance and deductibles: Pursuant to our participation with your insurance plan we are required to collect co-pays, deductibles, and coinsurance at the time of service. We accept cash, checks, Debit Cards, MasterCard, Visa and Discover. ***Payment not made at the time of service will incur a \$25 processing fee.***

Payment made in full at time of Service: We offer a 30% discount to anyone paying for services in full at the time of the visit. The discount includes all charges not covered by an insurance plan (whether it is a non-covered service, a non-participating plan, or uninsured patient), excluding Sottopelle or BioTe services.

Claims submission: If we are contracted with your insurance company, we will file your charges for you. Your insurance may require additional information from you in order to process the claim. Failure to comply with their request within 30 days will result in full patient responsibility for the claim. Excluding Medicare, we do not file secondary insurance.

Nonpayment: Unpaid accounts will be referred to an outside collection agency and could result in dismissal from the practice.

Returned Checks: There will be a \$25 fee for all returned checks.

After-Hours Fee: There will be an after-hours fee charged to your insurance for all office visits completed during after-hours clinic, including Evening, Saturday, and Sunday Clinics. If your insurance does not cover this fee, you will be responsible for payment of it.

Late Arrivals: In order for the physicians to see their patients in a timely manner, your help in arriving promptly for your appointment is required. If you miss your appointment, our office may have to reschedule your appointment to a new time or date.

No shows: Please notify us 24 hours in advance by phone or secure portal if you must cancel or change your appointment time. ***Failure to do so will result in a \$25 no show fee that is not covered by your insurance. A third no show may result in dismissal from the practice.***

Prescriptions: There will be a \$10 charge upon pick-up for all triplicate prescriptions given outside of any regularly scheduled appointment. We require a 24-hour notice for all refills requested.

Insurance Carriers Requiring Referral: If you are referred to a specialist and your insurance carrier requires a referral number, our office must have at least a 48-hour notice in order to complete that referral.