

# FINANCIAL POLICY



DATE \_\_\_\_\_

NAME \_\_\_\_\_

DOB \_\_\_\_\_

Thank you for choosing our office for your healthcare needs. We are committed to providing you and your family with the highest quality care. The following is a statement of our financial policies and your signature on this document indicates that you agree to the policies and will be responsible for its terms.

## INSURANCE COVERAGE

- Your healthcare insurance is a contract between you and your insurance carrier. If you have any questions about your insurance, we ask that you please contact your insurance carrier directly.
- Please make sure you give us a copy of your current insurance card at each visit.
- If a referral is required by your plan, your insurance carrier will require office notes, so you will need an office visit before a referral can be generated. This is a requirement by most insurance carriers and is not necessarily a requirement by our office, but will expedite your needs.

## CO-PAYMENT

- Your healthcare insurance carrier is who decides the amount you pay at the time of your visit. This fee is required by your insurance company, per your plan, and is printed on your card.
- All co-pays are to be paid at the time of service upon checking in. If you do not have your co-pay, your appointment will be rescheduled. We accept cash, credit card and personal checks.

## OUTSTANDING BALANCE

- If your account has an “outstanding balance”, you will be expected to pay before your visit.
- If your account is greater than 90 days overdue, we will send your account to collection agency. You will receive a final notice first, giving you 15 days to bring your account current, before sending to collection agency. You will be responsible for any charges or attorney fees associated with collection agency.
- You are responsible for payment of any balance not paid by your insurance plan as designated by your insurance carrier.

## MISSED APPOINTMENTS

- If you need to cancel your appointment, we kindly ask for 24-hour notice or when office opens on day of your appointment. A \$25.00 “no show” missed appointment fee will be applied to your account if fail to keep your appointment without adequate notification. Exemptions to the policy will be determined by Cardinal Healthcare management based on situational factors.

## RETURNED NSF CHECKS

- All returned (non-sufficient funds) checks will have a \$35.00 charge applied to the account and no further checks will be accepted, only cash or credit card.

## FORM FEES

- Any form or letter required by our staff to complete will be charged \$20.00 for up to 4 pages, \$10.00 for single page forms. These forms/letters include but are not limited to; Disability, Leave of Absence, FMLA, Work/School Physicals, Jury Duty excuses, DMV, and 504-requests.
- We require up to 5 days to complete forms/letters and payment is due at time of pick up.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_