



## **PATIENT FINANCIAL POLICY**

### **CO-PAYS**

To ensure accuracy when billing your insurance company, we must have a current copy of your insurance care on file. All Co-pays, deductibles, co-insurances and past due balances are due and payable at the time of service.

### **SELF PAY ACCOUNTS**

Patients without a valid insurance card on file are considered self pay. Payment is due at time of visit for all services provided.

### **PATIENT REFUNDS**

The following criteria must be met prior to issuing a patient refund: The patient has not been seen in the office for 90 days and there are no outstanding insurance claims or outstanding patient balances on account.

### **DIVORCE CASES**

In cases of divorce, the parent or legal guardian bringing the patient in for care is responsible for payment of copays, co-insurance and deductibles at time of service.

### **NO SHOW FEES**

Our cancellation policy requires that you cancel your appointment during business hours at least 24 hours in advance or a "no show" fee of \$25.00 will apply.

### **INSURANCE COVERAGE**

Your physician, based on his medical opinion, may request that a service and/or test be performed that may not be considered a covered service as defined in your certificate of coverage. If your insurance plan does not pay for all non covered services rendered, you will receive a statement for balance due. It is your responsibility to know the certificate of coverage for your insurance plan. If you have a question or concern about a procedure, test or service that may not be covered by your insurance company, please contact your insurance company directly.

### **NEWBORN COVERAGE**

New babies must be added to your insurance policy before any claims will be paid. Most insurance companies require that you do this within 30 days after the baby is born.

### **MEDICAL RECORD FEES**

Medical records are free of charge to any healthcare providers who request them. However, if a patient needs a copy of their full medical record, there is a fee of \$1.00 per page up to 25 pages then 0.25 cents per page thereafter. Please allow up to 72 hours to process request.

### **RETURNED CHECK FEES**

All returned checks will be assessed returned check fees as follows: \$50 or less; \$25.00 fee, \$50.01-\$300.00; \$30 fee, \$300.00 or more; \$40.00 fee. After two returned checks, we will no longer accept personal checks on your account.