

## Office and Payment Policies

*Thank you for choosing us as your primary care provider. Please review our office and payment policies.*

**Not showing up for appointments and late cancellations:** We ask that you give us at least a 24 hour notice if you will not be able to keep your appointment. Please understand that when we schedule your appointment, we are reserving time for your specific needs and your records are prepared. Not showing up for an appointment or canceling less than 24 hours prevents us from helping other patients in need. For this reason, there may be a charge of \$50 for non-kept or late-canceled appointments. Please note that we do not charge for your first missed or canceled appointment, but all subsequent events may be subject to the appropriate fee. After three missed or late-canceled appointments you may be dismissed from our practice.

**Late Arrivals:** We recognize that your time is valuable and we do our very best to run on schedule. Patients who arrive more than 15 minutes late may be asked to reschedule their appointment.

**Insurance:** We participate in most insurance plans but we often do not know the specific benefit details of your insurance.

**Understanding your insurance benefits is patient responsibility.** We will only verify that your coverage is effective and your copay, deductible, or coinsurance. If you are not insured by a plan that we are contracted with, you do not have an updated insurance card, or your eligibility cannot be verified, payment in full is expected at each visit. If you have insurance, we provide the service of submitting your claims. Note that the balance of your claim is your responsibility whether or not your insurance pays your claim. Your insurance may request that you provide certain additional information directly to them. If your insurances changes, it is your responsibility to notify us. Please contact your insurance company with any questions about your coverage.

**Co-payments, deductibles, and co-insurance:** All co-payments, deductibles, and co-insurance must be paid at the time of service.

NOTE: If you are scheduled for an annual preventive exam and other problems are addressed during your preventive visit, your insurance may require you to pay an additional charge.

**Non-covered services:** Sometimes all the services you receive may not be covered by your insurance. Common services that are not routinely covered by some insurance companies include services related to mental health, obesity, cosmetic skin procedures, and erectile dysfunction. Please contact your insurance company with any questions about your coverage.

**Identification and Proof of Insurance:** We must obtain your ID card (example driver's license) and current proof of insurance (if you have insurance). All patients must complete our patient information forms to consent for treatment.

**Non-payment:** If you have a balance due on your account, we will notify you by phone, mail, and/or at your next office visit. Balances are expected to be paid in full unless otherwise discussed with our AR representative or Operations Manager. Your physicians do not discuss covered services, payments or balances with patients, as they concentrate their efforts on your health care. If payment is not made, the balance due will be sent to a collection agency for continued collection efforts and possible dismissal from our office.

Our practice is committed to providing excellent treatment to our patients. Thank you for understanding our office and payment policies.

I have read and understand the office and payment policies.

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Signature of patient or responsible party

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Date