

PATIENT FINANCIAL POLICY

- As a courtesy, we will file your insurance claim for you. If your insurance company does not pay the practice within 30 days, you are responsible for payment. Co-Payments and Co-insurance are collected at the visit on date of service.

- Your insurance policy and their payment determination are a contract between you and your insurance company, the practice is not involved and can't change it. If you have questions on coverage, you will need to contact them.

- We understand that scheduling conflicts occur from time to time. However, we request at least three hours advance notice if you are unable to keep your scheduled appointment(s). Three or more missed appointments may result in you being dismissed from Community Medical PA. Patients that fail to show up for a scheduled appointment may be charged a \$25.00 fee for not providing the office with prior notice of cancellation. This is a simple courtesy and this time can be re-allocated to sick patients needing our attention.

- **UNPAID BALANCES:** All outstanding balances are due upon receipt and considered past due after 30 days of the date of service. All past due balances in their entirety must be paid prior to the time of your next visit. Balances that remain outstanding for a period of 90+days may be referred to a collection agency and further appointment scheduling will not be possible until the account is paid to current. Community Medical reserves the right to dismiss patients for delinquent financial accounts on personal balances. If dismissed, medical care will not be withheld for a medical emergency for thirty days for the date of dismissal.

- If you have insurance coverage with a plan that we do not have a prior agreement we will see you. They will not pay us or take our filing, so our full charges for your care and treatment are due at the time of service.

- Payment is expected at the time of your visit. Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly. Full payment is due at the time of service. For your convenience, we will accept cash, check, HSA cards, VISA and MasterCard.

- All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered", you will be responsible for the complete charge.

- For all services rendered to minor patients, we will hold the parent or guardian accompanying the minor responsible for expenses incurred. These expenses are to be paid at the time of service.

- Returned checks will incur a service charge of \$25.00, PLUS any applicable charges determined by our bank.

- Accounting Principles: If there is an overpayment on your account, we will refund any overpayment to you after credit is applied to your outstanding balance(s). Payment and credits are applied to the OLDEST outstanding charges first, expect for insurance payments, which are applied to the corresponding date of service.

- Form Fees: **Simple forms** during a visit – No Charge. After an office visit: \$25.00/form, **Complex forms:** whether during a visit or after the visit (ex: FMLA – pt or caregiver need, Disability, Home bound status, special letters for court, Utility bill letters, Jury Duty excuse letters, work validations, etc) are \$35/form (we reserve the right to take 14 business days to complete these forms)

I hereby state that I have listed ALL the MEDICAL INSURANCE COVERAGE that is current and I'm not aware of any other insurance(s). Otherwise, I know I am responsible for any claims and balances. If not paid by insurance because of medical coverages, I am fully responsible for full payment. I have read this policy and sign my agreement to its conditions.

Patient Signature

Printed name

Today's Date