



**OFFICE AND FINANCIAL POLICIES**

**Thank you for reviewing the following office and financial policies. We commit to put forward our best efforts to provide you with the most up to date, skilled, and compassionate health care possible. We also agree to:**

- Provide you and/or your insurance company with a timely and accurate statement of all charges for services rendered.
- Explain fully all charges for services rendered and acceptable payment methods.
- Secure all pre-authorizations and/or referrals that your health insurance plan requires us to obtain for your ongoing care or treatment.
- Provide a verbal or written report for the results of all labs, tests, diagnostic procedures performed. Along with that report, you should receive an outline of the therapeutic plan and follow-up. If you do not receive such report, please without hesitation call our office so that we may clarify the situation.

**In return we respectfully ask you to agree to the following:**

- If you are more than 15 minutes late for a medical appointment, you may be asked to reschedule or to see a different provider.
- It is your responsibility to inform us of any changes to your account, such as phone number, insurance, or address changes. If you do not provide us with the correct information and we are unable to receive payment as a result, you will be responsible for the balance.
- As a courtesy to you, we will file your insurance claim for you. If your insurance is inactive or does not cover the services provided, you will be responsible for payment. Any balances older than 90 days, which have not been paid by your insurance company, may be billed to you. Any balances remaining after your insurance has paid will be due on receipt of a statement from our office. If your payment is not received within 60 days your account may be referred to a collections agency.
- If your insurance doesn't pay under the pre-existing clause then all services will be the patient's financial responsibility.
- It is your responsibility to confirm with your insurance if we are in or out of network, and if the service you request is covered by your insurance.
- All co-pays, co-insurance, and deductibles must be paid at the time of service. If you are having a baby, having surgery, or being admitted to the hospital, we will collect your deductible before your delivery or procedure.
- Any accounts with outstanding balances must be paid prior to any additional services being rendered.
- A \$30.00 charge will be charged for any returned checks.
- For your personal use there is a \$25.00 charge for your medical records, unless requested by another physician/healthcare provider.
- If you require short term disability, FMLA, or other forms to be filled out by us, these forms will be completed for a fee of \$35.00 per form.
- We provide laboratory services through Clinical Pathology Laboratories, ProPath, and Medical Diagnostic Laboratories. Charges for lab tests, including pap smears, are not included in the charges from our office and are billed separately by the laboratory service providers. These charges are NOT included in your regular statements from this facility. It is your responsibility to understand your insurance benefits for lab work.
- For all services rendered to minor patients, we will look to the adult accompanying the patient and/or the parent or guardian with custody for payment.
- We make every attempt to code and file claims accurately according to the services rendered and your healthcare provider's documentation in your medical record. We are required to code and bill for the type of visit that is performed, not the type of visit that is scheduled. Laws regarding insurance fraud and abuse prohibit us from changing your procedure and/or diagnostic code in order to get the claim paid.

I have read and understand the above office and financial policies and agree to be bound by these terms. I also understand and agree that Thompson and Glymph, P.A. may amend such terms from time to time. I have received/read a copy of the HIPAA statement.

Printed Name	Signature	Date

Thank You! We look forward to having you as our patient.