Patient Financial Policy

Delhi Internal Medicine appreciates the confidence you have shown in choosing our office to provide for your medical needs. Having medical services provided for you implies a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our fees. We are a provider for most insurance plans. Our office will bill all services to your insurance if we are a provider. However, you are ultimately responsible for payment of your bill. You are responsible for payment of any deductible, co-payment, or coinsurance as determined by your contract with your insurance carrier. We expect payment at the time of service. Additionally, if you are coming to our office for a follow up appointment and you have a balance on your account, you will be expected to pay this balance at that time.

Co-Pay Policy

Some health insurance carriers require a co-pay for services. You will be expected to pay the co-pay at the time of your visit. There is a $5.00 service charge for missed co-pays.

Cancellation/No Show Policy

We understand there may be times when you miss an appointment due to emergencies. We urge you to call 24 hours prior to canceling your appointment so another patient may utilize this time.

If you no show for an appointment, you may be charged a $25.00 cancellation fee which will need to be paid before you may reschedule. This fee may only be charged for certain insurance companies.

If you no show for an appointment more than 3 visits, you may be discharged from the practice.

Methods of Payment

Our office accepts cash, personal checks, money orders, Visa, MasterCard, Discover, and American Express. Payments can be made in person, through the mail or over the phone. You may also place your credit card on file if you wish to pay your balance after your insurance processes the claim. A receipt will be sent to you when your credit card is charged.

I have read the policy regarding my financial responsibility to Delhi Internal Medicine for providing services. I authorize my insurance to pay any benefits directly to Delhi Internal Medicine. I understand that my insurance company may deny payment and I am responsible for ensuring payment in full is received by Delhi Internal Medicine.

I am also aware of the Co-Pay and No-Show policy and agree to follow these policies.

Patient Signature and Date

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Staff Signature from Delhi Internal Medicine and Date

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