

ACKNOWLEDGEMENT OF OFFICE POLICIES & FINANCIAL DISCLOSURE

In order to become a patient at RF MEDICAL SERVICES, please read and agree to the following office policies & financial disclosures. This will apply to all office visits at this practice.

- **BASIC POLICY:** Payment is due in full at the time the service is provided in our office.
- **PATIENTS WITH INSURANCE:** We bill most insurance carriers as a courtesy for you if proper paperwork is provided to us. Applicable co-payments, co-insurances, deductibles, cost of non-medical treatments, claims unpaid due to lack of referral and/or No show/Late Cancel fees as per office policy are your responsibility. Since your agreement with your insurance carrier is a private one, we do not routinely research why any insurance carrier has not paid, or why it paid less than anticipated for care. If an insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full from you.
- **CANCELLATION POLICY:** In fairness to other patients and the doctors, we require at least 24 hours notice to cancel appointments. You will be charged a non-refundable \$50 fee for missed appointments per patient. Multiple occurrences will result in dismissal from the practice.
- **RETURNED CHECK POLICY:** Bounced checks will result in bank penalties. Therefore, there will be \$50 service fee for all bounced checks.
- **COLLECTIONS:** Balances including those left unpaid due to incorrect information supplied to the office, incomplete, invalid, or denied card transactions will be considered in default and will be forwarded to a collection agency after 90 days of 1st billing statement without notice. A 35% service fee will be added to all balances forwarded to collections.
- **CREDIT CARD FEE:** There is a \$5 fee for using a credit card.

CREDIT CARD AUTHORIZATION

If you have ever checked into a hotel or rented a car, you know that the first thing you are asked for is a credit card, which we willingly give and which is imprinted and later used to pay your bill. If no credit card is given, they usually require a substantial cash deposit.

This is an advantage to you and the hotel or rental company, since it makes checkout faster, easier, and more efficient.

We have implemented a similar policy. You will be asked for a credit card at the time you check in, and the information will be held securely until your insurance company has paid their portion and notified us of the amount of your share of the claim. At that time, any remaining balance owed by you will be charged to your credit card, and a copy of the charge mailed to you. You will have also received an explanation of benefits from your insurance company and will have been made aware that there is a portion of the fee that is your responsibility, so the charge will not come as a surprise to you.

This will be an advantage to you since you will no longer have to write out and mail us checks. It will be an advantage to us as well, since it will greatly reduce the number of statements that we have to generate and send out. The combination will benefit everybody in helping to keep the cost of healthcare down.

In providing us with your credit card information, you are giving RF MEDICAL SERVICES permission to automatically charge your credit card on file for your co-pay, deductible, or any outstanding balance. By signing this you authorize this agreement will remain in effect until the expiration of the credit card account and that you may revoke this form at any time by submitting a written request. Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed to and processed by your insurance carrier, and the insurance portion of the claim has posted to your account, or in the event that valid insurance information was not provided at the time of service.

Patient Name: _____

Patient Signature: _____

Date: _____