Bair Bones Osteopathic
Family Medicine Inc

FINANCIAL AGREEMENT: PAYMENT PROCESS, INSURANCE COVERAGE, & CANCELLATION POLICY

Insurance Coverage and Payment Process

Please bring any active health insurance cards (or printed copies) to your appointments, regardless of your policy provider. If we are "in-network" for your insurance plan, and can verify active coverage on the day of your appointment, we will bill your insurance directly at standard fee-for-service prices. If you are uninsured, or using out-of-network insurance benefits, you are responsible for full payment at the time of service, at our same-day-self-pay discounted rate. After payment, the physician can provide you with a special detailed receipt called a Superbill upon request. Superbills contain all the information you would need to submit a claim to your insurance company for reimbursement, per your policy's coverage limitations. Please check with your insurance provider before your first appointment to see if you have appropriate coverage for your needs.

Payment Methods

For in-office visits we accept payment via cash, check, debit, HSA/FSA, Venmo, ACH, and all major credit cards. For telemedicine visits we accept all of these except for cash or check.

Financial Hardship

If you are unable to afford all or part of your visit, please discuss this with our staff when scheduling your appointment. Our Patient Support Fund may be able to cover some or all of your visit fees.

Cancellation Policy

If you need to cancel a scheduled appointment, please notify us at least 24 hours in advance. If a 24-hour notice is not given, you may be charged a $75 fee for the missed appointment. Exceptions may be made for extenuating circumstances on a case-by-case basis.

Patient Agreement

I have read and understood this Financial Agreement as written above. I understand that all goods and services I receive are my financial responsibility, and that full payment or proof of active in-network insurance coverage is due at the time of service.

Patient Name: _____

Signature of Responsible Party: _____ Date: _____

Printed name and relationship of Responsible Party if not "Self" (e.g. mother, guardian, etc.): _____