



# Alexander Medical Associates



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## Financial Policy

1. **MISSED APPOINTMENTS:** You will be charged \$25.00 for missed office appointments not cancelled or rescheduled 24 hours in advance. If you are scheduled for a procedure, the fee is \$50.00. You must pay this fee before we can schedule another appointment for you.
2. **OUTSTANDING BALANCE:** If your balance is under \$100.00 it must be paid in full prior to being seen. If your balance is over \$100.00 then 50% of that balance must be paid prior to being seen. Payment plans are accepted case by case. If you are wanting to do a payment plan, please speak with the Office Manager.
3. **INSURANCE:** We participate in most insurance plans. If you are not insured by a plan, we are in contract with or do not have any medical coverage, payment in full is expected at each visit. If you are insured by a plan, we are in contract with but do not have an up-to-date insurance card, payment in full is expected. Knowing and understanding your insurance benefits is your responsibility.
4. **CO-PAYMENTS AND DEDUCTIBLES:** All co-payments and deductibles must be paid at the time of service. This arrangement is part of the contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud.
5. **NON-COVERED SERVICES:** Please be aware that some and perhaps all the services you receive may be non-covered or considered not reasonable or necessary by insurance. You are responsible for payment of these non-covered services.
6. **CLAIMS SUBMISSION:** We will submit your claims and assist you in any way we reasonably can to help get claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether your insurance company pays for the claim. Your insurance benefits are a contract between you and your insurance company. We are not a party to that contract.
7. **COVERAGE CHANGES:** If your insurance changes, please notify us before your next appointment so we can make the appropriate changes. If your insurance does not pay for your claim in 60 days, the balance will automatically be billed to you.
8. **NON-PAYMENT:** If your account is over 90 days past due, we will turn your account over to our collection agency. The amount submitted is your unpaid balance plus collection fees. This may result in you being dismissed from our practice.

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Patient Name

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Date