# Office Policies

***To the patient:*** **Please read this entire document. You will be asked to sign that you have read and understood our office policies and financial policies when you arrive for your appointment. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.**

**Thank you for choosing Eric B Lambert, PC - DBA: Discover Soft Tissue and Spine, P.C. ("Discover") as one of your health care providers. We are committed to providing you with the best care possible.**

Any records at this office are digital/digitized and kept in electronic health care records. They will remain the permanent physical property of this office for a minimum of seven years. Copies of the patient's records will be provided when a minimum advance notice of two working days is given. We reserve the right to charge a "copying" fee for the reproduction of the any records.

**Missed Appointments Policy:**

**All appointments are reserved especially for you (the patient).** Therefore, please be considerate of other patients, and our office staff and **kindly give at least 24 hours notice** if you are unable to make your appointment. **We reserve the right to charge the full service cost for canceled or missed appointments.** If broken appointments become habitual, you may be dismissed from care.

***I understand this missed appointment policy and agree to pay the full service visit, if a 24 hour notice is not given.***

# Financial Policy

**This clinic/office does not participate or accept assignment from health insurance.**
Any service provided in this clinic; you agree to be fully responsible for payment of services rendered by Dr. Eric Lambert, DC and/or any other providers now or in the future working for Discover Soft Tissue and Spine, PC.

**Payment will be made at time of service.** We accept cash, check, and credit cards, including HSA cards. If we have to send you an invoice for payment a $5 service fee will be added to the invoice.

## Insurance & Billing:

1. As a courtesy to you, we can submit claims to your insurance carrier. However, we do not accept assignment and are non-participating with all insurances except Federal Medicare. We are unable to send your claim your insurance unless you give us all your insurance information. This courtesy may be withdrawn if circumstances warrant it.

2. Our office does not guarantee that your insurance will pay for the services provided. Most insurance plans do not cover 100% of your treatment. It is ultimately the patient's responsibility to know what their own insurance covers and does not cover.

3. Our office will not enter a dispute with your insurance company over your claim. This is your responsibility.

## Important

**Payment for treatment is due at time of service. If your account becomes delinquent, for any reason, it will be subject to finance charges. The unpaid balance after 30 days of invoice will be subject to simple interest at the rate of 7% per year, until balance is paid in full. In addition, delinquent accounts will be charged a rebilling fee of $20 per month. If we choose not to charge the interest or rebilling fee for one or more months, that does not prevent us from charging them in any other month. An account that is not paid within 90 days of invoice is generally turned over to collections or small claims court, but we may do so earlier or later in our discretion.**

**** If you have any questions, we encourage you to ask these questions either prior to your appointment or at the initial consultation.**

## Authorization and Assignment

In consideration of undertaking your care, you agree to the following:

1. You authorize Discover to release any information it deems appropriate concerning your physical condition to any insurance company, attorney, or adjuster in order to process any claim for reimbursement of charges incurred.

2. You further agree that this Authorization and Assignment is irrevocable and ongoing until all monies owed to Discover are paid in full.

**PLEASE READ THE STATEMENT BELOW**

I have read, understand and accept the terms of this office policy, financial policy, & authorization/assignment concerning my treatment at Discover Soft Tissue and Spine, PC. I authorize Discover Soft Tissue and Spine, P.C. to submit claims and bill my insurance company for all services rendered (if applicable). I acknowledge that any insurance I may have, is an agreement between the carrier and me and that I am responsible for the payment of any covered or non-covered services I receive. I understand I am responsible for any account balance. A photocopy or scanned of the signed document will be as valid and binding as the signed original.

**This document will be signed prior to any examination or treatment.**

**To be completed by the patient's representative, if necessary, e.g., if patient is a minor or physically or otherwise legally incapacitated.**

**If the patient is a minor, the parent must come with he/she to their initial appointment.**

DISCOVER
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