



## Financial Policy

Our goal is to provide and maintain a good provider-patient relationship. Letting you know about our office policies and procedures in advance allows for a good flow of communication and enables us to achieve our goals. Please read this carefully and if you have any questions, please ask a member of our staff for clarification.

Constant changes to employer-sponsored health coverage has resulted in increased family contributions in the form of higher co-payments and larger annual deductibles. With these changes in mind, Desert Star Healthcare has implemented policies to insure we can continue to provide quality health care and remain fiscally sound for our families.

Please be assured that we make every effort to keep costs low while maintaining a high level of personalized, professional care. Following is a reminder of our practice policies regarding payment for services:

- 1) Payment is due at the time of service unless other financial arrangements are made with our office staff **before** your appointment. For your convenience, we accept cash, checks, and all major credit cards.
  - a) A fee of \$35.00 will be charged for all returned checks and your account will be placed on a cash or credit only until the balance is cleared.
- 2) If you are covered by a health insurance plan, we are happy to bill your insurance. Please be sure your current insurance card is on file with our office. As a courtesy, we will verify your coverage prior to your appointment.
  - a) We require all patients to pay their deductible, co-pay and/or co-insurance per the verification information received from the insurance company.
  - b) Please remember our relationship is with YOU, not your insurance company. We highly recommend you contact your insurance carrier to verify coverages and limitations. Plans vary widely and you are responsible for knowing the terms of your insurance plan.
  - c) Acceptance and verification of your insurance coverage does NOT guarantee payment by the insurance company. Please remember you are responsible for all charges incurred and will be billed for charges not covered by insurance.
- 3) While we do our best to have an accurate balance due at the end of each visit, if there are any uncollected charges, or insurance pays less than expected, you will be billed and the balance is due within 30 days.
- 4) Any credits or overpayments are refunded within 14 days of request.



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- 5) Billed amounts not paid within 30 days may be charged a \$15.00 rebill fee, each month up to 3 months. Any balances over 90 days will be forwarded to a collection agency if you have not communicated with our office.
- 6) We understand unusual financial pressures occur and will work with you as much as possible. If you are having any troubles paying your bills, please discuss your situation with our office staff. We do not want to submit your account to a collection agency.
- 7) If it becomes necessary to submit your account to a collection agency, you are also responsible for any fees charged by the collection agency in addition to the outstanding balance.
  - a) Patient's whose accounts have been turned in for collections are subject to actions up to and including discharge from our practice.
- 8) If you have school, sports, or camp forms to be completed, there is no additional charge if presented during the visit for the exam. Forms presented outside of a visit may incur a \$40.00 completion fee or may require an appointment depending on the information required in the form. Please note that FLMA paperwork always requires an appointment.
- 9) Not all services provided by our office are covered by every insurance plan. Any service determined to not be covered by your plan is your responsibility.
- 10) For your convenience, you may keep a card on file for payments. If you would like to do this, please complete the credit card authorization form.

We know you have choices when it comes to selecting a healthcare provider for your family and we sincerely appreciate your decision to allow us to participate in your family's health care needs. We value you as a patient of our practice and we are dedicated to providing you with unequalled quality health care. If at any time you feel the need to discuss your care, our operations, or any financial hardships, please do not hesitate to contact our practice manger, Lance White, or one of us directly.

Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_