

## FALLS MEDICAL SPECIALISTS, LLC FINANCIAL POLICY

We would like to thank you for choosing the physicians at Falls Medical Specialists as your providers of medical care. We pride ourselves on providing all patients with excellent service. To keep you informed of our current financial policies, please read and sign the following.

### **Insurance**

The physicians of Falls Medical Specialists participate with many insurance plans. It is the patient's responsibility to provide our office with a copy of your current insurance card, and to inform us of any changes in insurance. Failure to notify us immediately of changes of demographic information, financial status and/or insurance coverage may result in you being responsible for any services not covered by your insurance carrier. Although we file claims for insurance plans on your behalf, you are ultimately responsible for payment of your bill. It is your responsibility to verify that the physician is currently under contract with your insurance plan and that you have obtained the necessary referrals BEFORE your scheduled appointment. Failure to confirm this may result in your responsibility for any and all charges.

### **Co-pays, Co-Insurance, Deductibles and Non-Covered Services**

Co-pays are payable at the time of service. We accept cash, check or credit card (Visa, Discover, MasterCard and American Express). Co-pays, co-insurance and deductibles cannot be waived by our practice as they are requirements placed on you by your insurance carrier. You are responsible for any non-covered services as determined by your insurance plan. Your insurance coverage and benefits are a contract between you and your insurance company and therefore all disputes must be handled between you and your insurance company. If you have an insurance plan with whom we do not participate, you are responsible for our bill in full.

### **Past Due Balances**

You will be asked to pay any past due balances when making appointments or before seeing the physician. If your balance is especially high, a payment plan can be set up with the office manager.

### **Returned Checks**

A \$25 charge will be added to your account for any check returned by your bank.

### **Missed Appointments**

Failure to provide 24 hours notice to cancel and/or reschedule an appointment will result in a \$50 fee, \$100 for new patients.

### **Finance Charge**

**If your bill is over 90 days old, we will impose a finance charge of \$15. We will continue to impose \$15 monthly fees until your account is paid in full. These fees will help offset the excessive monthly costs involved in continuing to send overdue bills. If you are on a payment plan, and meet your monthly payment obligation, a finance charge will not be assessed.**

### **Collection Fees**

**If after 120 days a balance remains unpaid, we will send the account to our collections attorneys. We will impose a collections fee of one third of the outstanding bill to cover the fee charged to us by the collection agency.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_