PEBBLE CREEK MEDICAL GROUP PLLC

Financial Policy

Thank you for choosing **PEBBLE CREEK MEDICAL** to serve you and your families' health care needs. We are pleased to participate in your health care and look forward to establishing a long lasting relationship as your primary health care provider. As a part of this relationship we wish to establish our expectations of your financial responsibility as outlined in our financial policy.

PLEASE REVIEW AND SIGN THE FOLLOWING FINANCIAL POLICY PRIOR TO YOUR OFFICE VISIT

1. **Patients with no insurance payment will be due at the time of service.** If you are unable to pay your balance in full, you will need to make prior arrangements with our account manager or a member of the office staff.
2. **Insurances:** although we are contracted with several insurance companies, it is your responsibility to make sure that our physician is in your plan; it is also your responsibility to know your insurance benefits. As a courtesy to our patients we will primary insurance forms from our office, in order to do this we will require information from you. We will need all your demographics and insurance information prior to your appointment. We ask that at the time of your appointment your bring your insurance card and a photo ID as well as other forms that will assist in making sure that your claims are filed correctly.
3. **If your insurance company has not paid a claim** on your behalf within 90days because of information that you have not provided, the balance will be transferred to your account and you will be responsible for payment. If we receive payment at a later date, Parkview Internal Medicine will reimburse you.
4. **Co-payments, Deductibles, and Fees:** All co-payments, insurance deductibles and fees for services not covered by your insurance policy are due at the time of services are rendered. We accept cash, check, or credit cards (VISA, MasterCard, & Discover) missed co-payments will be charged additional administrative processing fee of $10.00.
5. **Missed appointments:** unless they are cancelled at least 24 hours in advance, our policy is to charge for missed appointments. The fee for a missed routine appointment is $25-$30 or $50 for a missed physical exam. This fee is not covered by your insurance plan and is your responsibility. After 3 no show appointments you will be discharged from our practice.
6. **Prompt Payment:** Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly. If you have financial hardship or if you are unable to pay your bill in its entirety, please contact our billing office to discuss payment options. If your account balance is past due 60 days, it will be sent to an outside collection agency. Once you are in collections you are automatically discharged from our practice.
7. **Returned Checks:** for personal checks that are returned as unpaid or refused by your bank, we will charge a $35.00 processing fee in addition to the balance due from the returned check. If the check is not made good in an acceptable period of time we will submit it to the County Attorney's Fraud Division for protection under the law.
8. **Disability, Insurance forms, attending physician statements, and FMLA:** There will be a charge of $25.00 for the completion of medical forms or you may be required to schedule an appointment. Payment is due before the forms are completed. Please allow 7-10 business days for the completion of these forms. FMLA forms require that you be seen by Dr.

I have read the financial policy and agree to the terms, as well as, authorize the release of any information to my insurance company.

Patient Signature _____ Date_____

Print Name_____