



# Financial Policy

Thank you for choosing us as your healthcare provider. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we ask that you read and sign prior to treatment.

**Co-Pays:** All co-pays are due and payable at the time of service in accordance with the legal requirements prohibiting writing off patient responsibility amounts. You have agreed to be responsible for your co-pay and will be paid at the time of service or your appointment may be rescheduled.

**Charity Care:** We provide charity care on a sliding scale for patients demonstrating a financial need. More information can be found here: <http://www.marinhealthcare.org/financial-assistance>

**Insurance Coverage:** You are responsible for providing the physician office with correct and accurate insurance information so that we may bill your insurance company and receive payment in a timely fashion. You must bring your insurance card with you at each visit. Please be aware that insurance coverage varies with each plan. It is your responsibility to be familiar with your plan. It is your responsibility to know if annual exams are a covered benefit.

**Payment Methods:** We have a variety of payment methods available including check and credit card. If you do not have insurance and pay at time of service, we offer a “prompt-pay” cash discount.

**Non-covered Procedures:** You are responsible for any non-covered services and will be asked to sign a waiver indicating responsibility for payment.

**Non-sufficient Funds Checks:** All checks received for payment of services and returned by the bank marked “non-sufficient funds” will be charged to you and a non-sufficient check processing charge of \$15 will be charged.

**No Show Appointments:** We understand that occasionally you will be unable to make scheduled appointments due to emergencies. However, it is expected that you will notify the physician’s office at least 24 hours prior to your appointment and reschedule the appointment. If you fail to notify the office of a cancellation at least 24 hours prior to your scheduled appointment, the following charges may be added to your account:

Appointment	\$50
Office Procedure or Physical	\$100
Surgery	\$250

**Receipts:** We wish to ensure that all patient payments are credited appropriately. Our staff will provide you a receipt for your payment. If the staff should fail to provide you a receipt, please ask for one.

**Medical Records:** There may be a charge assessed for a request of medical records. Please review the authorization form for more details.

I have read, understand and agree to the financial policy.

Patient Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_