



## FINANCIAL POLICY

Thank you for choosing Physician Housecalls. We are pleased to participate in your health care and look forward to establishing a lasting relationship as a member of your health care team. As part of this relationship, we wish to explain our expectations of your financial responsibility as outlined in our Financial Policy. **Your medical insurance is a contract between you and your insurance company. We will file claims with Medicare, Medicaid and Private Insurers. You are responsible for all co-payments, deductibles, and services not covered under the Medicare and other insurer programs.** Please review the following financial policy prior to your visit.

1) CO-PAYMENTS, DEDUCTIBLES, AND FEES – **All co-payments, insurance deductibles, and fees for services not covered by your insurance policy are expected to be paid in full as outlined by the Financial Policy.**

2) INSURANCE – **In order for us to successfully bill your insurance company, we require complete information and a copy of your insurance card prior to your initial visit.** If your insurance carrier is not one with which we participate, you are responsible for payment in full. Insurance plans and Medicare consider some services to be “non-covered,” in which case you are responsible for payment in full. You have a responsibility to provide correct information to our office so a claim can be properly submitted. **If your insurance company has not paid a claim on your behalf within 90 days from the date of service, the balance will be transferred to your account and you will be responsible for payment.** If we receive payment at a later date, you will be reimbursed by Physician Housecalls, LLC.

3) MINORS AND DEPENDENTS – Parents and guardians are responsible for payments for their dependents at the time the service is rendered. **Minors and dependents must present a valid insurance card at each visit if a claim is to be filed.** See item #2 above if an insurance card is not presented.

4) MISSED APPOINTMENTS – We reserve the right to charge a \$25 fee for missed appointments or appointments cancelled with less than 24 hour notice. We also reserve the right to terminate the provider-patient relationship after 3 missed appointments.

5) 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 a 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 becomes delinquent and you have not established or met payment options with our billing office, your account will be turned over to a collection agency and you may be dismissed from Physician Housecalls and not eligible for services until your balance is paid in full.**

6) METHOD OF PAYMENT - We accept cash, checks, credit and debit cards. Our providers reserve the right to not collect cash at the time of service for safety reasons. To arrange payment, please contact our office at (405) 896-8058. We also offer payment plans upon request.

7) RETURNED CHECKS – The fee for all checks returned for insufficient funds is \$30.00. This fee will be automatically charged to your account when your check is returned from the bank.