APPLEGATE MEDICAL ASSOCIATES

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PAYMENT POLICY

We at Applegate Medical Associates strive to provide personal, responsive health care. In addition to providing the best in health care to our patients, we want to ensure that the financial aspects of your health care are dealt with in a straightforward and efficient manner, and that you are familiar with our billing and payment policy so that you are able to keep your health care costs manageable. Please read it, ask any question you may have, and sign in the space provided. A copy will be provided to you upon request.

INSURANCE

All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information, you will be responsible for the balance of a claim. If your insurance changes, please notify us before your next visit so we can make the appropriate changes.

We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

CO-PAYMENTS AND DEDUCTIBLES

All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying **your** co-payment at each visit.

NON-COVERED SERVICES

Please he aware that some and perhaps all of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

NONPAYMENT

If your account is over 30 days past due, you will receive a letter stating that you have 15 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

MISSED APPOINTMENTS

Our policy requires that you give at least 24 hours' notice of cancellation. Please help us to serve you better by keeping your regular scheduled appointment. Three consecutive no show appointments will result in dismissal from our practice.

Our practice is committed to providing the best medical treatment to our patients. Our prices are representative of the usual and customary charges for our area.
Thank you for understanding our payment policy. Please let us know if you have any questions or concerns. I have read and understand the payment policy and agree to abide by its guidelines:

_____
Print Patient Name

_____ _____
Signature of patient or responsible party Date