

MetroDocs, S.C. Payment Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Some of our patients have had questions regarding patient and insurance responsibility for services rendered, so we have been advised to develop this payment policy. **Please read it, ask us any questions you may have, and sign in the space provided.** A copy will be provided to you upon request.

Insurance. 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. It is our right to assess a \$15.00 billing charge for all co-pays not paid. *Please be advised that should you choose not to pay your co-payments, deductible, or co-insurance amounts, we could notify your insurance carrier, and in turn, they may drop you as a subscriber.*

Non-covered Services. Please be 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 could be responsible for these amounts depending on your insurance policy.

Proof of Insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim at the time of visit.

Claims Submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid as a courtesy. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claims is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage Changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim, the balance will automatically be billed to you.

Monthly Statements. If you have a balance on your account, you will receive a monthly statement. If it is the first statement for that date of service, it will show separately any payments, adjustments or credits applied to your account for that day. However, if it is not the first statement received for that date of service, it will reflect only the amount owed, the balance.

Non-Payment. If your account is over 90 days past due, you will receive a letter stating that you are three months overdue and need to contact our office immediately. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may be forced to refer your account to a collection agency.

Missed Appointments. Our policy is patients who call to cancel their appointments with less than 24 hours notice or fail to come in will be assessed a \$50.00 fee.

Waiver of Confidentiality. You must understand that if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due balance is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Divorce. In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. In regards to minors, the parent authorizing treatment for a child will be responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Worker's Compensation and Motor Vehicle Accidents. See INJURY & W/C & MVA Form.

Our practice is committed to providing the best 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:

Printed Name: _____

Date: _____

Signature: _____