

Meridian Internal Medicine, PA Financial Policy

In order to reduce confusion and misunderstanding, we have adopted the following financial policy. We regard your complete understanding of our financial policies as an essential element of your healthcare.

Insured Patients

- Copays, Co-insurance and Deductibles are **due at the time of service**. For your convenience, we accept cash, personal check (in-state only) and most major credit cards.
- We will bill participating insurance companies as a courtesy to you.
- In the event that your insurance carrier determines a service to be “non-covered”, you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.

Other

- Non-Insured patients will be required to pay **75% of the total charge**. This amount reflect 100% of the total charge less the 25% self pay discount which will be applied at the time of payment. Non insured patients will be required to pay via **cash or credit card** at the time of service.
- Overdue Balance: A patient with an outstanding balance of 60 days (2-monthly statements) overdue must make arrangements for payment **prior** to scheduling appointments. Financial agreements can be arranged if the need arises, but if the terms are not met by the patient, the account will be deemed delinquent and **collection action will be taken**.
- Form/Letter Completion: A **fee** will be applied for forms and letters completed on patients behalf. The fee varies depending on complexity of form//letter. See current Menu of Prices for specific fees. (This Price Menu is posted throughout the office and available at the front desk.) In most cases, this charge is not billable to your insurance. Patients will be required to pay via **cash or credit card** at the time of forms pickup or prior to submission (i.e. fax, mail).
- Returned Checks: A **\$25 fee** will apply to all checks returned to our office as “unpaid”. Payment for future services may be required by **cash or credit card**.
- Cancelled/Missed Annual Wellness or Physical Appointments: A **\$25 fee will** apply for patients that miss scheduled Annual Wellness or Physical appointments or who fail to provide at least **two business days** notice of cancellation.
- Cancelled/Missed Appointments: A **\$10 fee will** apply for patients that miss a scheduled office visit or who fail to provide at least **two business days** notice of cancellation .
- Medical Records: A fee may be charged for providing copies of medical records.
- Other Provider Services (non face to face encounter): We will bill for non face to face provider encounters as permitted by regulatory agreements. These services may include but not limited to; patient portal services, patient phone calls, Home Health and Hospice care plan oversight, PT/INR home management, Advanced Care Planning, etc.

I have read and fully understand the policies of this office regarding payments and insurance. I agree to pay for services and tests not covered by my insurance plan. I understand that I am responsible for following my insurance plan’s regulations, policies and procedures. I also understand it is my responsibility to be familiar with my insurance plan and what services it covers.

Signature: Patient or Guarantor

Printed Name: Patient or Guarantor

Date

Revised: 03/01/11, 10/30/12, 2/23/16, 11/1/16, 9/1/19