

Meridian Internal Medicine, PA Financial Policy

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions, please discuss them with our billing staff or office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial policies as an essential element of your care and treatment.

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 Completion (including but not limited to disability forms): A **\$10 or \$25 fee** (depending on complexity of form) will be applied to assist in the completion of forms. 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 Appointments: A **\$25 fee** may apply for patients that repeatedly miss appointments. A **\$25 fee** may apply to patients that cancel or reschedule appointments repeatedly less than 24 hours in advance of the scheduled appointment. Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Excessive abuse of scheduled appointments may result in **discharge** from the practice.
- Medical Records: A fee may be charged for providing copies of medical records.

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.

Signature: Patient or Guarantor

Date

Printed Name: Patient or Guarantor

Updated 03-01-11, 10-30-12