

Financial Policy

Attention Patients:

Our Physicians share your concern about the cost of medical care. We strongly believe that the best medical service is based on a friendly, mutual understanding between the doctor and the patient. With all the changes to medical Insurance and the healthcare field, our office is asking patients to be in charge of confirming with your insurance carrier if our providers are preferred or participating providers for your insurance plan. If your insurance requires a referral or authorization for you to see a specialist, you are responsible for obtaining a referral from your primary care provider **before** being seen in our office. If you anticipate problems with your insurance coverage or personal payment, you are encouraged to contact our office. The earlier we know about a possible problem, the better we can develop suitable options for you.

Agreement

This is an agreement between Dr. Shannon Mueller / Dr. Nicole Mueller and the patient named on this form. By executing this agreement, you the patient, are agreeing to pay for all services that are received.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. All balances are expected to be paid in full upon receipt of this statement. A fee of \$10.00 will be added each time we have to send more than one statement to collect a balance.

Insurance: Insurance is a contract between you and your insurance company.

- The Insurance company makes the final determination of your eligibility.
- You agree to pay any portion of the charges not covered by your insurance.
- Insurance filing is done as a courtesy to you. It does not dismiss your responsibility to pay for services.
- If the insurance does not pay 45 days from the time of services are rendered, the balance may be billed to you.
- You may choose to pay for services in full and file yourself with your insurance company.

Required Co-Payments: Any co-payment required by an insurance company must be paid at the time of service.

Returned Checks: There is a fee of \$25.00 for checks returned by the bank. If a returned check is received on your account, you will be required to pay all fees associated with this check. All future visits will need to be paid in cash prior to being seen.

Past Due Accounts: If your account becomes past due, we will take steps to collect this debt. If we are forced to, we will refer your account to an outside collection agency.

Disputes: You should notify us of discrepancies with your balance immediately. We will investigate and resolve your dispute within 30 days.

Missed Appointments with Dr. Mueller: When a patient does not show for an appointment or cancels with less than 24-hour notice, the patient may be subject to a \$25.00 fee. This fee would be due prior to rescheduling.

Patient Name

Date of Birth

Signature

Date