Office & Payment Policy for Calallen Medical Clinic Pg 1

In order to clarify expectations regarding patient and insurance responsibility for services rendered, we have been advised to develop these general office policies. Please read it, ask us any questions you may have, initial and sign in the spaces provided. A copy will be provided to you upon request.

1. Missed appointments/Late cancellations/Mutual respect for time. In order to provide you with the highest quality medical care and minimize your "wait time", we see patients by appointment only. When you schedule an appointment with one of our providers that **time is reserved exclusively for you** to discuss and review your medical concerns for which time, energy and resources have been committed on your behalf in preparation. We do understand that on occasion unforeseen circumstances do arise and the need to cancel your scheduled appointment may be necessary. Our policy is to closely monitor, and at times dismiss patients who abusively miss appointments or cancel with inadequate notice (<24 hours). **Giving us your best current phone numbers and emails** will help in our courtesy reminder protocols, but remembering these system can fail, **your appointment is ultimately your responsibility**. Please make certain you do not have **duplicate or outstanding appointments** when changing or cancelling your appointments.

Similar to reservations you would make with hotels, we ask you to show consideration by calling our office 24 hours in advance (during normal business hours) for any cancellations, or schedule changes.
►**A $75 charge** will be assessed for "no showing" or for failing to give 24-hour notice of the need to cancel all routine appointments.
►**A $150 charge** will be assessed for "no showing" or for failing to give 24-hour notice of the need to cancel all scheduled procedures, and physicals.
We reserve the right to require a non-refundable deposit or credit prior to scheduling an appointment**.**
You agree all forms of audio and video recording, and photography are strictly prohibited on clinic property, by you or for you, and failure to comply may result in termination as a patient of the clinic and/or civil/criminal referral.

2. Insurance. Without verification of your insurance benefits, payment in full is required at each visit. As a courtesy, we may help you with insurance coverage questions. However, because insurance companies specifically state they will not guarantee payment, knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. Each patient is required to complete patient information forms before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance for proof of insurance, and picture for security purposes. 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. As a courtesy we may submit your claims and assist you in any way reasonable to help you get your claims paid. Your insurance company may need you to supply certain information directly. It is YOUR responsibility to comply with their request URGENTLY. If your insurance company does not pay your claim, the balance will automatically be billed to you. Please be aware that the balance of your claim 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.

3. Co-payments and deductibles. Specific insurance "allowables" or charges for services are often unknowable. **We may estimate your amount due based on best info available at time of visit.** This may result in a balance due or a credit after benefits have been calculated. Any credits will be applied to any open balances including fees. Any remaining credit after all balances paid will be retained as credit on account for up to 3 years after most recent visit, when accounts are inactivated, unless written request for credit refund is received. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company, and failure to comply could be considered a breach of your agreement and cancellation of coverage.

4. 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 your insurance. You are required to pay for these services in full at the time of visit, or when billed if denied by your insurance company, regardless of your insurers' determination of "reasonable or necessary". We are here to provide quality care, not to provide "unreasonable or unnecessary services". Under no circumstances do we accept workman's comp insurance. In the event you switch from private insurance to workman's comp, you agree to pay the full price for all services provided during visits which encompass the work-related issue.

5. Nonpayment. If your account is over 30 days past due, your account will be turned over to a collection agency, whose charge of 35% of the amount due will be added to your account. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, you and your immediate family members may be discharged from this practice and your balance reported to the credit bureaus. If you are the holder and guarantor of your insurance policy, any unpaid balances by patients covered under your insurance plan are ultimately your responsibility. If this is to occur, you will be notified by regular mail that you will need to find alternative medical care.

Office & Payment Policy for Calallen Medical Clinic Pg 2

Our practice is committed to providing the best treatment for our patients. In order to provide the most timely and cost efficient service to you, you agree to us contacting you by telephone, email or other electronic communications, regarding appointments, test results, billing, reminders, alerts, notices, newsletters, or other items related to healthcare services. No part of this policy may be voided. Thank you for understanding our policies. Please let us know if you have any questions or concerns.

I have read and understand the Office and Payment Policy for Calallen Medical Clinic (Rev 08/2018), I've had a chance to ask questions and agree to abide by its guidelines.

Similar to reservations you would make with hotels, we ask you to show consideration by calling our office 24 hours in advance (during normal business hours) for any cancellations, or schedule changes. Please verify you do not have duplicate or additional appointments when cancelling or changing your appointments.

►**A $75 charge** will be assessed for "no showing" or for failing to give 24-hour notice of the need to cancel all routine appointments.

►**A $150 charge** will be assessed for "no showing" or for failing to give 24-hour notice of the need to cancel all scheduled procedures, and physicals.

We reserve the right to require a non-refundable deposit or credit prior to scheduling an appointment**.**

You agree all forms of audio and video recording, and photography are strictly prohibited on clinic property, by you and for you, and failure to comply may result in termination as a patient of the clinic and civil/criminal referral.

Initials: _____

_____ _____

Print patient name **Email**

_____ _____

Signature of patient or responsible party **Date**