

PATIENT FINANCIAL RESPONSIBILITY POLICY

Thank you for choosing the clinics of Dr. Chad Smoker as your healthcare provider. The medical services you seek imply an obligation on your part to ensure payment in full is made for the services received. This Patient Financial Responsibility Policy will assist you in understanding that financial responsibility. Please feel free to ask if you have any questions. By your acknowledgement of this policy and/or by receipt of medical services from our clinics you agree to abide by the following:

ALL PAYMENT IS EXPECTED AT THE TIME OF THE SERVICE: You are ultimately responsible for all payment obligations arising out of your treatment or care and guarantee payment for these services. Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes deductibles, co-payments, co-insurance amounts, or any other amounts not covered by your insurance. We accept cash, personal checks (absolutely no 2 party checks), Visa and MasterCard.

If the service is for a child, payment is expected from the individual who brings in the child for the visit. We will then provide an itemized receipt so that individual may collect payment from the responsible party.

INSURANCE: We participate in most insurance companies, including Medicare and Medicaid and will submit your claims as a courtesy to you. You are expected to pay your deductible and copays at the time of the medical service. **YOU ARE ALSO RESPONSIBLE FOR KNOWING YOUR INSURANCE POLICY.** If you are not familiar with your plan coverage, we recommend you contact your insurance carrier directly. Our clinics do not accept responsibility for incorrect information given by you or your insurance carrier regarding your insurance benefits.

Please be diligent about replying to any request from your insurance company for additional information as payment may be dependent upon your prompt response. You will be responsible for payment in full if the insurance company notifies us that you have failed to respond to their request.

All patients are required to follow all registration procedures, which may include updating or verifying personal information and presenting a current insurance card. You are responsible for providing us with your correct and most current insurance information prior to or at the time service is rendered. We do not file liability insurance for services related to motor vehicle accidents, etc. In such instances you will be treated as a self-pay patient. We will provide you with an itemized receipt which you may present to the appropriate party, **BUT YOU WILL BE RESPONSIBLE FOR PAYMENT IN FULL AT THE TIME SERVICES ARE RENDERED.**

Any overpayments will be refunded upon written request to the responsible party within 30 days.

SELF PAY: Patients without insurance or without a current insurance card will be treated as self-pay. Payment in full is expected at the time services are rendered unless previous arrangements have been made. Patients paying in full at the time of the service will be given a 15% discount. We offer a sliding scale for self-pay patients. This application is available upon request and must be completed in full along with a copy of the previous year's tax returns prior to the service in order to be eligible. If approved, the discount is applicable for 3 months, at which time the patient may reapply if financial situations have not improved.

NONPAYMENT: Patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to scheduling appointments. We realize that patients may sometimes have financial difficulty and are willing to work with you in setting up a payment plan. The payment plan mandates that payments be made on time. Patients are still responsible for paying services that are rendered during this payment plan contract. Failure to honor the payment contract may result in dismissal from our practice.

MISSED APPOINTMENTS: Missed appointments represent a cost to us, to you and other patients who could have been seen in the time set aside for you. If you continue to miss appointments we reserve the right to dismiss you from our practice.

Our policy is to charge \$25.00 for missed appointments for complete physical exams not canceled within a reasonable amount of time. This must be paid prior to rescheduling of the appointment. **Failed new patient appointments will not be rescheduled.**

DISABILITY FORMS: We charge \$25.00 for completion of disability forms which must be paid prior to pick up or faxing of the form.

RETURNED CHECKS: There is a \$25.00 service charge for returned checks. If we have more than 2 returned checks from you, we reserve the right to see you on a cash only basis.

PRESCRIPTIONS IN ABSENCE OF AN OFFICE VISIT: \$10.00 will be charged for any new prescription written or called into the pharmacy without an office visit. This does not include refills for current medications.

By my signature below I am attesting I have read and understand this policy and agree to abide by its guidelines. I am also agreeing to assign any insurance benefits filed on my behalf by this clinic to Chad Smoker MD. **PLEASE NOTE if you fail to provide us with the correct insurance at the time of your visit, you will be responsible for payment for that service.**

(date)

(signature of patient or responsible party)

Revised 10/23/19