

Self Pay, Deductible, and Returned Check Policy (Effective 6/28/11)

- All self pay patients need to pay in full at the time of service or reschedule their appointment. There are no exceptions for non-urgent patients or physicals.
- All self pay patients scheduled for sick visits may be seen on a case by case basis and need to pay in full at the time of service unless arrangements are made with our office to return and pay at a later date. In some cases, patients may be referred to the emergency room or an urgent care facility to be seen.
- Patients who leave without paying or do not return to pay must settle their account in full before their next visit, regardless of the reason. This applies to other children in the family as well. Again, patients may be seen on a case by case basis as determined by the treating physician.
- Patients who are self pay or have Health Choice or AIPPA insurance must pay in advance for circumcisions or other designated procedures. Cash, credit card, or debit card is allowed – checks are not allowed.
- Personal checks are accepted for co-pays and payment on accounts.
- Patients with deductibles will be seen and then charged for the visit after submitting the claim to their insurance company. On their subsequent visits, the patients will be expected to pay any outstanding balance in full, or make payment arrangements prior to being seen.
- Patients whose checks are returned to us for non-sufficient funds from their bank account are responsible for the total check amount and a service fee before their next visit. If we receive returned checks on two separate occasions, then subsequently all future payments for any family member is to be cash only.
- Patients who abuse or do not comply with these policies are subject to dismissal from this clinic.
- Patients with delinquent accounts will be contacted by our billing department to discuss a payment plan. ***After repeated warnings, delinquent accounts will be forwarded to a collection agency. If this happens, the patient will be sent a letter discharging them from this clinic.*** Once the account has been settled, patients may return to this clinic on a case by case basis.

I, _____, have read and agree to abide with the financial policy as stated above.

signature

date