

Date: _____ / _____ / _____

OFFICE POLICIES ON BALANCES

The Healthcare Industry is experiencing a dramatic increase in the cost of malpractice insurance in the state of Tennessee. We appreciate your cooperation and understanding while we endeavor to provide you with the best possible medical care. For your convenience, we accept cash, debit, and most credit cards.

FINANCIAL RESPONSIBILITY: The insurance policy is an agreement between the insured and the insurance company. We expect all patients or their financial guarantors to be fully responsible for knowledge of insurance benefits, as well as fully and directly responsible for all charges regardless of insurance coverage. Please be assured that we will do everything possible to see that you receive your full benefits in a timely manner. In the event your services are not covered, you are responsible for the balance. **If your insurance company has not paid their portion of your bill within 60 days, you will be responsible for full payment at that time.**

OUTSTANDING BILLS AND COLLECTIONS: You will be expected to pay at least 20% of the outstanding balance at your office visit. Patients who refuse to pay balance will have to reschedule. In addition, in the event that your account becomes past due (over 90 days) and arrangements for payment have not been made, the account may be placed in collection status. Effective January 1, 2016 all past due balances over 90 days will be placed with an outside collection agency. Please note that you will be responsible for all costs of collection including agency fees, court cost and/or attorney fees. Collections status will affect your ability to seek treatment.

PARTICIPATING INSURANCE: COPAY, DEDUCTIBLE AND COINSURANCE: Where we have a participating agreement with your insurance company, we will expect your estimated co-payment and/or co-insurance at the time of treatment. We may also request that you pay any outstanding deductible or coinsurance. Contracts with insurance companies do not permit the waiver of these fees under any circumstances.

NON PARTICIPATING INSURANCE: We will submit your insurance claims to your carrier as a courtesy. However, you will be responsible for all charges not covered by insurance. If your insurance denies or reduces payment, you are responsible for all balances not paid. You may receive a discount for services provided.

NO INSURANCE: Payment in full is due at the time of treatment. Established patient follow-up visits start at \$88.00 and New Visits start at \$120.00.

RETURNED CHECK FEE: You will be charged a \$35.00 for each check returned for insufficient funds. Upon receipt of a returned check, your account will be placed in a "Do Not Accept Checks Status" and we will no longer accept checks on your account.

ARRIVAL TIME AND PAPERWORK: Please arrive 15 minutes before your scheduled appointment time in order to complete the necessary paperwork for your visit. This will assist us in keeping the scheduled appointment times. Updating paperwork is required for every visit to the office. In addition, for each visit you will need to have your insurance card and a government issued photo id.

MISSED APPOINTMENTS: Missed office appointments are appointments cancelled with less than 24 hours or that are not kept at all. After three (3) Missed Appointments we will no longer schedule any appointments and you will have to be seen as a walk-in or same day appointment for 1 year.

MEDICAL RECORDS: To obtain copies of your medical records you must sign a Medical Release form. There is a \$20.00 processing fee for the first forty pages plus \$0.25 per additional page, plus postage. These fees, set forth by Tennessee State law, must be paid in full before your request can be processed. Please allow up to one week for processing. Disability, workman's compensation, FMLA, etc. The fee for completion of these items is integral to an established patient office visit. You must schedule an appointment for paperwork completion. Communication between the physician and patient is necessary for proper completion of paperwork. All fees must be paid in full before the forms can be produced.

The undersigned agrees that she/he has read and will abide by the office policies of Lifedoc Health.

Patient's Name

Patients Signature