

Our Practice is committed to building a successful physician relationship with you and your family. Therefore, we believe that communicating our financial policy is a good healthcare practice and an essential part of this relationship. Your insurance coverage is a contract between you and your insurance company and not your insurance company and us. We will file your primary and secondary insurances as a courtesy. Please realize that having secondary insurance does not necessarily mean that your services are covered 100%. Secondary insurances typically pay according to a coordination of benefits with primary insurance. It is your responsibility to provide us with accurate insurance information and to inform us of any changes in your coverage as they occur.

Co-Pay, Co-Insurance, Deductibles

In order to become a “provider” of medical services through certain health plans, Dr. Lawrence Handler and Dr. Zachary Pearce are required to enter into a contract with these insurance companies. Because of this agreement, you will be responsible for all copays, coinsurance and deductibles. We are obliged to collect your copay at the time of service per our contract with your insurance company. Therefore, **all co-payments and prior balances will be collected at the time of check-in** unless prior arrangements have been made with the billing coordinator. **Prior to your office visit, we will also check with your insurance company to determine if you have deductible or coinsurance amounts that have not been met. If so, these amounts will also be collected at the time of your visit.** We accept cash, check, and credit cards (American Express, Visa, Mastercard, Discover, Care Credit). We do not accept post-dated checks.

Some patients may accrue large balances for services provided. We will work with these patients to set up a mutually feasible payment plan. In some cases, if the minimum payment due cannot be paid, we will need proof of financial hardship. Please understand that we cannot waive deductibles, coinsurances or copays that are required by your insurance. This is a violation of our contracts with the insurance plans.

If you are scheduled for out-patient surgery with Dr. Handler or Dr. Pearce, we will contact your insurance company again to determine any remaining out-of- pocket expenses. If so, you will be required to pay for those expenses prior to your surgery. You will be contacted approximately **AT LEAST ONE WEEK** prior to your surgery with the exact amount you will owe. Payment will be expected at that time.

Returned Checks

There will be a returned check charge of \$40.00 payable by cash, credit card or money order. This will be applied to your account along with the balance prior to this fee. You will be placed on a cash only basis following any returned check.

Medical Record Copies

Patients requesting copies of medical records will be charged the following fees. These charges cover the administrative costs of copying and mailing such records.

- \$10.00 under 20 pages
- \$20.00 21-49 pages
- \$25.00 over 50 pages

FMLA and other Disability Paperwork

Completing disability, FMLA and other requested supplemental insurance forms requires time away from patient care and day to day business operations. Therefore, prepayment of \$15.00 per form is required. Please understand that in order to complete forms, your medical record must be reviewed, forms completed and signed by the physician and scanned into your Electronic Medical Record. Some of these forms can be quite complicated and tedious to fill out. Please provide pertinent information like dates of disability and return to work date. Please allow the office 5-7 business days in which to review your medical record for the information requested and completion of form.

I understand and agree to the above Patient Financial Policy.

PRINT NAME: _____ **DATE:** _____

SIGNATURE: _____