

VALLEY INTERNAL MEDICINE AND PEDIATRICS, P.C.
FINANCIAL POLICY

We strive to provide the highest quality of medical care to all of our patients while taking into consideration administrative costs. To help us achieve this goal, payment is expected at the time of service. We accept cash, checks, American Express, Discover, MasterCard, and Visa credit cards. Outstanding balances 45 days beyond the date of service are subject to interest charges of 1.5% per month. Please speak with our office manager if you want to set up a payment plan.

MISSED APPOINTMENTS

We have reserved time specifically for your appointment. If you need to change or cancel an appointment, we require a minimum of one business day's notice. We understand that emergencies occur, however, **if you miss or cancel an appointment without adequate notice more than once during a 12 month period, you will be billed \$50 for appointments. Physical examinations "no-shows" have an automatic fee of \$150 even if it is the first missed appointment.** These fees are your responsibility and are not billable to your insurance company.

INSURANCE PROCESSING

We bill insurance companies with whom we have a signed contract. You are responsible for any co-payment, deductible, and non-covered expenses.

FEES

Returned checks from the bank will be subject to a **\$25 fee** that will be applied to your account and your account will be placed on a "cash-only" basis.

There is an administrative fee of **\$25-\$40** (depending of the length of form) for completing forms such as DMV, physical forms, FMLA, leave of absence, disability etc. Most forms require 5-7 working days to research your information and complete the form.

There is an additional fee of **\$25** if we are asked to copy medical records per patients request.

There is an additional charge if the physician is asked to participate in a deposition or phone consultation on your behalf. The fee will be based on the amount of time spent.

COLLECTIONS

Balances unpaid more than 60 days from the date of service will be sent to collections if you have not contacted our office to set up a payment plan. You will be responsible for all legal fees, collection costs, and/or interest charges that may be required to effect collection of this note.

PRE-AUTHORIZATIONS OR REFERRAL

If your insurance plan requires a referral to see a specialist, we will process your request in a timely manner. Some insurance companies require at least 7 business days to process a request. We notify you by phone when the referral has been approved.

MEDICATION REFILL POLICY

Please allow 24-48hrs for prescription refills.

*******By signing below, I acknowledge that I have read and understand the above policy.*******

Signature (Patient or Guardian)

Date