

Payment Policy

Sound Clinical Medicine, PS (form updated 1/2017)

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Some of our patients have had questions regarding patient and insurance responsibility for services rendered, so we have developed this Payment Policy. Please read it, ask us any questions you may have about our policy, and sign in the space provided. *A copy will be provided to you upon request.*

Knowing your insurance benefits is your responsibility. Please do not expect our clinic staff to interpret your insurance policy's benefits for you. Contact your insurance company with any questions you may have about your coverage.

1. Insurance. We participate in many insurance plans, including Medicare. If you are not insured by a plan we do business with, payment-in-full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment-in-full is required at the time of the visit, until we can verify your coverage.

_____(initial) **2. Co-payments and deductibles.** All co-payments, deductibles and previous balances must be paid at the time of service. Please do not ask us to bill you later for these charges. This arrangement is part of your contract with your insurance company.

3. Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or may not be considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit. It is your responsibility to check with your insurance company *before* you are seen for a particular service.

4. Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your insurance card to provide proof of insurance. We may also require a copy of your valid photo identification. If you fail to provide us with current and valid insurance information in a timely manner, you will be responsible for any balance due from the services provided.

5. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. If your insurance company does not pay your claim in 45 days, the balance will be billed to you. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays any part of your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

6. Coverage changes. If your insurance changes, please notify us *before* your next visit so we can make the appropriate changes on your account to help you receive your maximum benefits. Making changes that correspond to a changed insurance plan is necessary for prompt payment of the claim. If your insurance company does not pay your claim in forty five (45) days, the balance due will be billed to you.

7. Statements. Our office will send periodic statements for any balance due on your account. We encourage you to pay any balance due as soon as you receive the statement, so that your account does not become "past due."

8. Nonpayment. If your account is over sixty (60) days past due, you will receive a Final Notice stating that you have ten (10) days to pay your account in full. Partial payments will not be accepted unless you promptly meet with our billing staff to negotiate this and receive approval in writing. Please be aware that if an account balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular U. S. mail that you have 30 days to find alternative medical care. During that 30-day period, our physicians will only be able to treat you on an emergency basis.

9. Missed appointments. Our policy is to charge for missed appointments which were not canceled on the preceding business day prior to the time of the appointment, which is, in some cases more twenty-four (24) hours in advance of the appointment time. These missed-appointment charges will be your responsibility and will be billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date