



Patient Financial Policy

Thank you for choosing Internal Medicine Primary Care as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

Co-pays and Deductibles

The patient is expected to present an insurance card at each visit unless we have your current card on file. All co-payments and past due balances are due at time of your visit and deductibles that have not been met are also due at time of appointment unless previous arrangements have been made with our office. We accept cash, check or credit cards. Absolutely no post-dated checks will be accepted.

Insurance Claims

Insurance is a contract between you and your insurance company. We will bill your insurance as a courtesy to you. In order to properly bill your insurance we require that you disclose all insurance information including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. It is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately. You authorize Spectrum Medical Billing Services, LLC to contact you by mail, email, call, and text messages regarding your bill and your insurance.

No-Show Policy

We do understand that sometimes life take unexpected turns. Your first no-show is forgiven. Subsequent no-shows will result in a \$45 no-show fee. A third no-show may result in dismissal from our clinic.

Similarly, at our discretion, three or more cancelations less than 24 hours prior to appointment may result in your being dismissed from our clinic. Our goal is to make available timeslots for patients on our waiting list, and late cancelations are missed opportunities for other patients who want to be seen.

By signing below you indicate you understand the above stated policies.

Name: _____

Signature: _____

Date: _____