



Financial Policy

We appreciate that you have entrusted us with your health care. Because healthcare benefits and coverage options have become increasingly complex, we have developed this policy which details our financial requirements to help you better understand your responsibilities as a patient.

It is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals, recertification's, preauthorizations, limits on outpatient charges, specific physicians and/or hospitals to use. You should be knowledgeable of any deductibles, copayments, and/or coinsurance. This applies to all payors regardless of whether or not our physicians participate.

The responsibility for payment of fees for services is the direct responsibility of the patient. Your health benefit plan is an arrangement between you, the enrollee and the insurance company or your employer. Your health benefit plan determines your coverage, requirements, and establishes the limit on your coverage for medical services based on what they determine as medically necessary. However, we will do our best to assist you with understanding your proposed treatment and in answering questions related to your insurance.

Payment Policy Schedule*:

Copayments	Full payment is due at time of service.
Deductible and coinsurance	Full payment is due at time of service.
Non-covered service	Full payment is due at time of service.
Nonparticipating insurance plan	Full payment is due at time of service.

Other charges/fees*:

	Return Check Fee \$25.00
Cancellation/Missed Appointment Fee	The office requires at least 24 hours notice when canceling an appointment. Failure to provide this notice will result in a charge of up to \$75.00
Medical Records Fee	\$1.50 per page due prior to sending records

* subject to change at any time

We require you to provide us with 24 hour notice for prescription refill during the weekday. The requests made over the weekends and holidays will be filled the following business day. We need minimum of five day notice to fill out any paperwork.

We realize that medical care can often become very expensive. If you have concerns about your ability to pay for service, we recommend that you contact us for assistance in the management of your account. Should you have any questions with regard to our financial policy we encourage you to ask. It is our goal, to not only provide the best quality of medical care, but to help you by answering any questions you might have.

We ask that you present the correct and updated contact and medical insurance information at the time of each visit. Please notify the receptionist of any changes during the subsequent visits promptly.

I have read and I understand the Heal n Cure Financial Policy.

Signature: _____ Date: _____