



750 Mount Carmel Mall, Suite 200
Columbus, Ohio 43222

5969 E Broad Street, Suite 306
Columbus, Ohio 43213

FINANCIAL POLICY

We find that communication with our patients regarding Financial Matters assists us in providing the best service to you. Please read this information, ask for clarification if needed, and return it to the receptionist – signed and dated.

INSURANCE

- When we are a contracted provider with your insurance company, we will submit a claim to them for the services we provide to you. When we receive the explanation of benefit from your insurance company, you will be billed for the portion they have determined to be patient responsibility.
- The doctor's service is provided directly to you and not to an insurance company. We cannot render service on the assumption that charges will be paid by the insurance company.
- If you have any questions regarding insurance plans we accept, please speak with our business office personnel.
- *In the event your account results in an over-payment, that amount will be promptly reimbursed to you.*
- If we are not a provider of your insurance plan, you are required to pay the full amount due for the service rendered on the day of your visit.

CO-PAYMENTS

- Your co-payment as specified by your insurance plan is due at the time of service.
- Co-insurance for surgical procedures is due at the post-operative appointment, or financial arrangements should be made.

OUTSTANDING BALANCES

- Although we do not like to discuss action to be taken to collect outstanding debts, we find it necessary to let you know that while we want to work with you to fulfill your financial obligations with our office, we sometimes find it necessary to forward delinquent accounts to a private collection agency. When this occurs, we may request you to seek further medical treatment from another physician. Appointments may not be scheduled until accounts are current.

APPOINTMENT NO-SHOWS

- Any patient who fails to arrive for a scheduled appointment without canceling the appointment less than 24 hours prior to the scheduled time is considered a "no-show." A no-show patient is charged \$25.00, as set by the Practice, for failure to show.

UNDERSTANDING OF FINANCIAL MATTERS

- I have read and understand the policies of this office regarding Financial Matters, and agree to provide appropriate insurance information within 2 business days, if it wasn't provided at the time of my appointment.
- I understand that appropriate insurance information consist of a copy of both the front and back of the insurance card (including insurance ID numbers, group numbers, billing address, insurance contact numbers and any co-pay amount).
- **If, I do NOT provide the appropriate insurance information, I understand that I will be held financially responsible for all services.**

Patient Signature

Date

Witness