

FINANCIAL POLICY

At Philip N. Johnson MD, PA, we are committed to providing you with the best possible medical care. In order to achieve this goal, we need your assistance, and your understanding of our payment policy.

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.

We accept cash, personal checks, MasterCard and Visa. Returned checks are subject to a service charge of \$25.00 or 5% of the face value of the check and you will lose your privilege to write checks in our office.

CANCELLED APPOINTMENTS – Patients who do not cancel appointments may be discharged from the practice. There will be a \$25.00 fee for all appointments not cancelled by the patient prior to the appointment time. The office hours are Monday through Thursday from 8:30 to 12:00 and 1:00 to 4:30, unless otherwise specified. Please cancel any appointments during those times.

PATIENTS WITH INSURANCE:

Co-payments and deductibles **MUST** be paid at time of service. Because we are under contract with your insurance company we will file the claim for you. However, you are responsible for any unpaid balance.

MEDICARE: Your deductible and 20% of the allowable charges are due at the time of service. Since we are a Medicare provider we will file your Medicare. If we do not know the Medicare allowable charge for a specific service, we will bill you after Medicare pays. Please bring your Medicare Explanation of Benefits (EOB) showing you have met your deductible.

CHILDREN OF DIVORCED PARENTS: PAYMENT IS DUE AT THE TIME OF SERVICE no matter who is responsible by order of the divorce decree.

FINANCIAL AGREEMENT: We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. You must realize, however, that:

- 1) Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
- 2) Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover (eg: yearly physicals)

We must emphasize that as your medical care provider, our relationship and concern is with you and your health, not your insurance company. ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES ARE RENDERED. On any balance on your account after 90 days, including those that insurance has not paid, collection action will be taken. We realize that emergencies do arise and may affect timely payment of your account. If such extreme cases do occur, please contact us promptly for assistance in the management of your account.

If it becomes necessary to collect any sum due through an attorney or collection agency, than the patient agrees to pay all reasonable costs of collection, including attorney’s fees and collection agency fees, whether suit is filed or not. The patient authorizes the release of any information acquired in the course of treatment as necessary to file insurance claims.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you.
I have read and understand the above Financial Policy.

Signature

Date

Witness

Date

