

## Dr. Michael A. Freedman Patient Financial Policy

The physician and staff are here to serve your needs as our patient. It is our goal to create an experience for our patients that hopefully will limit the amount of stress patient may encounter. Our PATIENT FINANCIAL POLICY is intended to describe our expectations regarding payment for services we provide.

This FINANCIAL POLICY details the expectations of practice as they relate to patients making payment of provided services. Patients should acknowledge the following policy requirements:

1. The patient, or his/her designated guarantor, is responsible for payment of services.
2. All office charges, co-payments, and applicable deductible amounts are due at the time of service unless otherwise specified. There is a service charge of \$35.00 for a returned check.
3. The provision of the insurance card for payment of services will be accepted and filed on the behalf of the patient; however, the patient is still responsible for payment if his/her insurance fails to adequately provide payment in a timely or appropriate manner.
4. It is the obligation of the patient to obtain and provide any referral notification required by the patient's insurance carrier. Without the appropriate referral the patient's appointment will have to be rescheduled.
5. Patient account balances are due within 30 days of the receipt of the billing statement unless otherwise specified.
6. There is a minimum \$15.00 charge to copy medical records.
7. Patient may contact our office to make payment arrangements:
  - Balances less than \$150.00 must be paid within 90 days.
  - Balances of \$151.00 to \$500.00 must be paid within 6 months.
  - Balances greater than \$500.00 must be paid within 12 months or less
8. After 90 days, if no arrangements have been made for payment or if no payment has been received, collection proceedings will begin. A **\$35.00 collection fee** will be added to your account and sent to our collection service **American Profit Recovery Services**.
9. We will be billing your insurance for all services done in our office. In addition to the office visit there are several services that additional charges:
  - Flexible Endoscopy, Nasal Endoscopy (surgical procedure), etc.
  - Kenalog and Celestone Steroid Injections
  - Allergy Testing and Injections
  - Audio Testing
10. For all services rendered to minor patients (under the age of 18), we will look to the adult accompanying the patient.
11. **UNLESS CANCELED AT LEAST 24 HOURS IN ADVANCE OUR POLICY IS TO CHARGE \$50.00 FOR A MISSED APPOINTMENT. REMINDERS REGARDING THE APPOINTMENTS ARE SENT OUT VIA TEXT MESSAGE/VOICEMAIL THROUGH OUR SERVICES SOLUTION REACH.**

"I, \_\_\_\_\_ (print name) (Patient/Guarantor), acknowledge that I have received and read this Financial Policy Statement."

Signature of Insured or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_