

# Financial Policy

Thank you for choosing our office to provide care for you. In order to prevent any misunderstandings and to serve you better, we ask that all patients, or the patient's legal guardian, read and sign our Financial Policy. If you have any questions, please ask a receptionist.

As a courtesy, we have verified your insurance eligibility and benefits prior to your initial visit. However, we cannot guarantee that the information we receive is accurate (at the time of verification or for later visits) or that the insurance company will process claims in accordance with the information they provided.

Based on the information provided by your insurance company, your responsibility for an office visit is:

- A co-pay of \_\_\_\_\_% or \$ \_\_\_\_\_
- No office visit coverage: \$ \_\_\_\_\_/1<sup>st</sup> visit; \$ \_\_\_\_\_/subsequent visits
- Master medical: \$ \_\_\_\_\_/1<sup>st</sup> visit; \$ \_\_\_\_\_/subsequent visits

Please read and initial each item below:

## 1. COPAYS AND/OR COINSURANCE AMOUNTS ARE DUE AT EVERY VISIT

Our office has chosen to only require payment for co-pays/co-insurance *at the time of service* if seen by the physician for an office visit. However, this policy in no way implies that my co-pay/co-insurance, if applicable, has been waived for other services provided. \_\_\_\_\_

## 2. BALANCES DUE

After my insurance plan has processed the insurance claim, all balances are due immediately upon receipt of a bill from this office. **I understand that I may not withhold payment to your office pending resolution of insurance problems.** I also understand that although Dr. Ulrich may be contracted with my insurance company to provide care to their clients, my insurance policy is a contract between myself and my insurance company. Any disputes regarding how a claim has or has not been paid is between myself and the insurance company. Any additional service fees **will not** be refunded. \_\_\_\_\_

## 3. HMO PATIENTS

I understand that a written referral must be received before the patient is able to see Dr. Ulrich. If I do not have a referral, I may elect one of the following options:

- a) Pay for the visit and follow-up with my primary care physician (PCP) for a referral. I understand that I will be reimbursed once payment has been received from my insurance company.
  - b) Reschedule the visit.
- \_\_\_\_\_

## 4. MISSED APPOINTMENTS

I agree to cancel or reschedule appointments at least 24 hours in advance. Failure to do this, even for same-day appointments, will result in a No Show fee (currently \$45) per occasion to be added to my account. Payment of the No Show fee is required prior to scheduling another appointment. \_\_\_\_\_

## 5. RETURNED CHECKS

All returned checks will incur a \$30 fee. \_\_\_\_\_