



...a division of BASS Medical Group

Practice & Financial Agreements

We appreciate the opportunity to serve you and pledge to provide you our best medical care in a safe environment with compassion and attention to detail. In order to make our relationship with you the best it can possibly be, please be familiar with the following policies:

Administrative Policies

- We promise to inform you at check-in if your doctor is running late.
- We promise to treat you with respect & dignity in a professional and caring manner. In return we expect you to refrain from using verbally abusive language, threatening any employee or provider, or otherwise hostile behavior. Using such is cause for immediate termination from this practice.
- Many appointments require collection of a urine sample so please check with the front desk upon arrival before going to the bathroom.
- To respect other patients, we ask that cell phones be turned on vibrate mode while in our office and that you step out of the waiting room if you must take a call. Please let us know if you step outside.
- Missing or no-showing your appointment creates an undue burden and increases the cost of care to other patients. Please see our fee schedule below as we do reserve the right to charge for no-showing and last minute cancellations. Missing three appointments without notice will result in dismissal from this practice.
- If you are 15 minutes late, we reserve the right to reschedule your appointment.

Insurance & Billing Policies

- If you have insurance, please bring your card to every appointment; without it we cannot bill your carrier. We are required to collect co-payments and co-insurance and reserve the right to re-schedule or cancel appointments to comply with insurance company agreements.
- Your health insurance policy is an agreement between you and your insurance carrier. You are responsible for understanding your own coverage. Your insurance company makes the determination of your eligibility. You authorize your insurance benefits to be transferred directly to the rendering provider and acknowledge you are financially responsible for paying any co-insurance amounts. You agree to pay for services rendered within the limits of this care provisions policy.
- If you do not have insurance or choose not to file a visit with your insurance, a minimum payment of \$100 at time of service is required. The remaining balance for services received will be addressed following the delivery of service.
- Many insurance companies have lists of approved drugs they cover. Your provider will prescribe the medication they feel will best address your needs. We will do our best to respond to prior-authorization requests from your insurance company, but this process may delay your prescription. You are responsible for contacting your insurance provider with any questions or requests concerning approved medications.
- Disability, FMLA, sports physicals and other form completion requests require an appointment.
- We accept cash, check, and credit cards. Payment in full is due within 30 days of your first statement unless other arrangements have been made. We send two statements at 30-day intervals. You understand and agree that if we are forced to send your account to collections, a fee of 35% of the unpaid balance will be added. This amount shall be in addition to any other cost incurred directly or indirectly to collect amounts owed under this agreement. We offer a financial aid program to patients who meet the criteria.

- If you need an in-office surgical procedure, our coordinators will assist you in scheduling. Although we seek prior authorizations, insurance carriers state they are not a guarantee of payment. You must call your insurance carrier to verify they will cover your procedure.
- If you get lab or imaging tests as part of your appointment remember some tests/labs are performed by outside parties; in such cases they bill separately. If you know your insurance carrier only covers certain labs or facilities, please notify our office in advance.

Non-compliant policy penalties:

No Show and Cancellation Policy

We sincerely request 24-hour notice when cancelling or rescheduling an appointment.

- A **\$35.00** NO SHOW/LATE CANCELLATION Fee will be charged for all failed/late cancellations for standard office visits (15 minute appointments)
- A **\$75.00** NO SHOW/LATE CANCELLATION Fee will be charged for all physicals and extended visits not cancelled more than 24 hours in advance. (30 minute or longer time slots.)

Returned Check Fee

- A **\$35.00** fee will be charged for all checks returned from the bank for Non-Sufficient Funds.

Insurance Rebill Fee

- A **\$20.00** fee will be charged if current insurance information is not provided thereby causing a delay in payment and requiring a 2nd insurance claim to be processed.

By signing below you agree to the terms of service provided herein.

Signature of Patient or Legal Guardian/Guarantor

Date