Michael G. Casagrande, MD
Family & Sleep Medicine

FINANCIAL POLICIES

PAYMENT DUE AT TIME OF SERVICE
You are responsible for providing insurance, demographic and/or financial changes prior to being seen by physician or provider. If you fail to provide and inform the office with this information you will be responsible for all charges incurred.

As a courtesy, we file your claim to your insurance company. However, you are responsible for any portion not covered by your insurance; such as co-payments, deductibles or coinsurance. Payment is due at the time of service, unless financial arrangements have been made in advance. If prior financial arrangements have not been made, you will be asked to reschedule your appointment. Your insurance is a contract between you and your insurer. You are still responsible for payment of services regardless of the amount your insurance pays.

STATEMENT BALANCE REMAINING
Payment is due upon receipt of statement(s) from our billing office. Two statements will be sent for any balances. If we receive no response, our office will make one final attempt to reach you for unpaid balances. If we are unsuccessful in reaching you, your account will be referred to an outside collection agency. A fee of $50.00 or 40%, whichever is greater, will be charged to your account. This balance policy applies to family members within your immediate family. You will be discharged from our care unless balance is paid in full.

If you are unable to make payment in full for any balance(s) upon receipt of our statement, please contact our billing office immediately. We will make every effort to establish a mutually agreed-upon payment plan.

SELF PAY
If you choose not to use your insurance benefits, or have any out of network insurance plans, you will be charged the self-pay rate. You are not entitled to the contracted insurance rate. An estimated payment is required prior to being seen by physician or provider. We will estimate the charge of your visit based on information you provide. Any labs, testing, or ancillary services performed are an additional charge and will be due at check out. Dr. Casagrande, MD is NOT a network provider on any Affordable Care Act Plans.

FORMS
If you require a form to be filled out by our physician or NPs (i.e. FMLA, Disability, School, Camp, Handicap Placards, etc.) there is a $30 charge, per form. The fee must be paid prior to the completion of the form. Please allow up to 15 business days for completion of the form. We make every effort to complete the form as soon as possible.

FEES
A charge of $40 will be added to your account for any returned checks. If a check is returned, we will no longer accept this form of payment, we will accept cash, credit or debit card only. There is also a $40 charge for each medication requiring a prior authorization. If you wish to still use the medication, payment will be due before the authorization will be processed.

I authorize Michael G. Casagrande, MD to use and disclose and information needed to process my claim.

Patient/guardian Signature: _____ **Date:** _____