Michael G. Casagrande, MD
Family & Sleep Medicine

FINANCIAL POLICIES

PAYMENT DUE AT TIME OF SERVICE
You are responsible for providing current insurance, demographic and/or financial changes prior to being seen by physician or provider. We file your claim to your insurance company electronically. Services not covered by your insurance or non-payment of services as well as co-payments, deductibles and coinsurance are patient/guarantor responsibility. Payment is due at the time of service. If a financial arrangement is needed, a signed agreement/terms must be agreed upon prior to services rendered. Michael G. Casagrande MD, PA is NOT a network provider for any Affordable Care Act Plans and we do NOT accept this insurance.

STATEMENT BALANCE REMAINING
Payment is due upon receipt of statement(s). A final attempt will be made for unpaid balances. If we do not receive payment within 10 days of final notice, 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 must be paid before services are rendered. Payment agreements are accepted but must be honored. Default in payments will result in automatic assignment to the collection agency.

SELF PAY
If you choose not to use your insurance benefits or if we are out of network, you will be charged the self-pay rate. You are not entitled to the contracted insurance rate. An estimated payment is required at check-in. Any additional services such as: lab, testing or ancillary services performed are an additional charge and must be paid at check out.
FORMS
FMLA/Disability-$50.00
Parking placard-$30.00
Physical/school/sports/camp not presented at the time of office visit-$30.00

FEES
Work-in/walk-in fee-$25.00
Returned check-$40.00 (we will no longer accept checks)
No show/24-hour prior notice not given-$40.00/$75.00 for physicals or new patient appointments.
Lost/expired controlled substance prescriptions-$20.00
Medical records-$25.00 for the first 20 pages and $0.50 for each additional page.
Notary fee-$15.00
Medication prior authorization-$40.00 per prescription.

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

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