

FINANCIAL POLICY

1. Payment is due at the time of service. You may also be asked to pay old balances in full before an appointment can be scheduled.
2. If you have insurance, please present your card and verify your current address and phone number.
3. If your insurance company requires a co-pay, we are required to collect this amount before you leave.
4. We will bill your insurance company for their portion; however, if the payment is not received within a reasonable timeframe, you will be asked to pay the old balance.
5. If Dr. Harper does not have a working agreement with your insurance company, you will be required to pay the cost of today's charges. We will be glad to file your claim and proceeds will be paid directly to you as the "insured."
6. Not all procedures are covered by your insurance. Payment for these procedures will be your responsibility. Therefore, you may wish to check with your insurance company or obtain verification before these procedures are scheduled.
7. If you do not have insurance, you will be considered a "self-pay." The fee or charge will be adjusted to reflect a discount for services rendered.
8. Medicare patients are required by Federal Law to pay their co-payments and their deductible. Please let us know if you have a supplemental policy that will cover this co-payment.
9. NONPAYMENT- balances over 90 days will be brought to the attention of Dr. Harper and the Office Administrator. Efforts will be made to establish a payment plan to meet your budget. Failure to comply with your payment plan could result in discharge from the practice. We ask for your cooperation regarding this matter.
10. MISSED APPOINTMENTS- An excessive number of missed appointments, or appointments cancelled at the last minute will result in your dismissal from this practice. If you must cancel, please call us early enough to allow us to offer that time slot to someone else.
11. If you have questions regarding your balance, please obtain clarification and make payment arrangements with either our check-out clerk or our billing clerk.
12. Additionally, we appreciate you choosing our office as your health care professional and will make every effort to provide high quality service.

I have read and understood the payment policy and agree to abide by its guidelines.

Patient or Responsible Party Signature

Date

This agreement will be scanned and made a permanent part of your healthcare record.