



Office and Financial Policy

Appointments

- 1) If you are not able to keep an appointment, we would appreciate a 24-hour notice. **There is a “NO-SHOW” charge of \$15.00 for missed appointments.**
- 2) If you are late for your appointment, we will do our best to accommodate you; please understand there will be a wait. However, on certain days it may be necessary to reschedule your appointment.
- 3) Before making an annual physical appointment, check with your insurance company as to whether the visit will be covered.

Insurance Plans

- 1) It is your responsibility to keep us updated with your correct insurance information and to make sure we are listed as your primary care physician (PCP). **If the insurance company you provide is incorrect or we are not your PCP, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.**
- 2) It is your responsibility to understand your benefit plan with regards to covered/non-covered services and participating laboratories.
- 3) It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered. Advance notice is needed for all non-emergent referrals, typically 3 to 5 business days. It is your responsibility to know if a selected specialist participates in your plan.

Forms

- 1) Any forms that need to be reviewed, filled out, and signed by a provider are subject to a **\$10.00 per-form fee**. [For example: Family Medical Leave Act (FMLA), disability forms, etc.]

Transfer of Records

- 1) If you transfer to another physician, we will provide a summary of your health record free of charge, as a courtesy to you. We need a 3 day notice.
- 2) A copy of your complete record is available for a \$1-per-page fee up to (25) pages, then an additional \$0.25 per page thereafter.
- 3) We provide records of your visits rendered here at Better Me Healthcare only. For any previous records, you must request them directly from your previous doctor(s).

Prescription Refills

- 1) For monthly medication refills, we require 48 hours' notice via the Patient Portal on our website (www.bettermehealthcare.com) or call during regular business hours. Please plan accordingly.

Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. **Co-payments and deductibles** are due at the time of service.
- 2) Self-pay patients are expected to pay for services in FULL at the time of the visit.
- 3) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit.
- 4) For scheduled appointments, previous balances must be paid prior to the visit.
- 5) If previous arrangements have *not* been made with our billing office, any account balance outstanding longer than 28 days will be charged a **\$5.00 re-bill fee** for each 28-day cycle.
- 6) Any balance outstanding longer than 90 days will be forwarded to a collection agency. You will still be responsible for any bill, together with all collection costs, including a reasonable attorney fee in the event it becomes necessary to seek this method to collect payment. Patients who have had an outstanding balance for ninety (90) days and have been turned over to a collection agency will be discharged from our practice and must find another physician who will continue their care.
- 7) We accept cash, local checks, Visa, MasterCard, Discover, and American Express; a **\$40.00 fee** will be charged for any checks returned for insufficient funds.

I have read and understand this office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Responsible Party's Signature _____ Date _____