

PAYMENT AND FINANCIAL POLICIES

Thank you for choosing us as your healthcare provider. We are committed to providing you with quality and affordable health care. We have developed the following payment policies for our practice. Please read and ask us any questions you may have and sign in the space provided. A copy will be provided to you upon request.

1. **PAYMENT:** Payment is due at the time services are provided or upon receipt of a statement from our billing office. We will accept cash or credit/bank card. Payment will include any unmet deductible, coinsurance, co-payment amount or non-covered charges from your insurance company. If you do not carry insurance, or if your coverage is currently under a pre-existing condition clause payment in full is expected at the time of your visit. We do ask for a copy of your current insurance card and driver's license, or state-issued ID, at the time of your visit to ensure we properly file your claim.

2. **INSURANCE:** We participate with several insurance plans and will file your claims on your behalf. You are expected to present your insurance card at each visit. Insurance claims are filed with participating insurance companies. The patient is responsible for notifying our office of any changes in insurance coverage. Verification of participation with the patient's specific insurance plan is the responsibility of the patient. Patients are encouraged to contact our office or their insurance carrier to ensure participation with the insurance plan prior to arriving for an appointment. Each insurance plan has different benefit packages and regulations. Patients should be familiar with their insurance benefits, including policy coverage for the copay, deductible, and co-insurance amounts. Patients will be fully responsible for charges for services that are not covered by their insurance policies. Your insurance claim will include the office visit code and all diagnostic testing performed including laboratory and other diagnostic tests.

3. **SELF-PAY:** Patients who do not use insurance to pay for their treatments are considered Self-Pay Patients. Prior to each visit, MAGNOLIA PRIMARY CARE will give Self-Pay Patients an estimate for the visit based on the visit type and complexity of the visit. If a Self-Pay Patient receives additional testing and/or treatments not contemplated by the estimate, Self-Pay Patients may be required to pay additional amounts at the time of the visit. Payment is expected at the time of service for uninsured patients. If Self-Pay Patients are unable to pay at the time of the visit, MAGNOLIA PRIMARY CARE will bill the Self-Pay Patients the full amount of the treatments provided.

4. **COLLECTION ACCOUNTS:** All outstanding balances shall be due within 30 days of the date of service. At that time, all past-due balances in their entirety must be paid prior to the time of your next visit. If you are unable to pay the full balance, you must contact this office

to discuss a payment plan. Balances that remain outstanding for a period of 120 days or more after the original billing statement may be referred to a collection agency and could affect your credit.

5. APPOINTMENTS AND NO/LATE SHOW POLICY: Please arrive twenty minutes before a new patient appointment and ten minutes before a follow-up appointment to ensure timely completion of any relevant forms. Late arrivals of fifteen minutes or more will be rescheduled to the next available appointment at the discretion of the provider. Depending on the schedule, the provider may allow a late patient to be seen at a time slot later in the same day if available.

6. MISSED APPOINTMENTS: Please notify us at least 24 hours in advance if you need to cancel or reschedule an appointment. Failure to do so will count as a missed appointment. If a new patient no-shows for three visits, we will be unable to schedule any future appointments. If an established patient no-shows for three visits in a calendar year, we will be unable to schedule any future appointments and you may be discharged from the practice, at the discretion of the responsible provider and management. Medical care will not be withheld for a medical emergency for thirty days from date of dismissal.

7. FINANCIAL DISMISSAL: Patients who do not make payment arrangements risk being dismissed from the practice. MAGNOLIA PRIMARY CARE reserves the right to dismiss patients for delinquent financial accounts on personal balances. If dismissed, medical care will not be withheld for a medical emergency for thirty days from date of dismissal.