



## Financial Policy

### Fall General Surgery, LLC

Welcome to Fall General Surgery. We have made it our mission to consistently provide outstanding patient care. Should you have any questions regarding any aspect of your financial status with our office, please feel free to contact our billing department at (715) 685-0656.

Your clear understanding of our Financial Policy is important to our professional relationship.

- WE ARE HAPPY TO BILL YOUR INSURANCE DIRECTLY; HOWEVER, WE MUST HAVE A CURRENT COPY OF YOUR INSURANCE CARD.
- WE ASK FOR A COPY OF YOUR ID OR DRIVER'S LICENSE DUE TO THE MANY CASES OF IDENTITY THEFT. (PLEASE DO NOT BE OFFENDED).
- WE ACCEPT CASH, CHECK, VISA/MASTERCARD, DISCOVER, AMERICAN EXPRESS AND HEALTH SAVINGS ACCTS.
- ALL PATIENTS MUST COMPLETE OUR "PATIENT INFORMATION FORM" AND OTHER RELATED FORMS.
- PLEASE NOTIFY US **IMMEDIATELY** OF ANY CHANGES IN YOUR INSURANCE OR COVERAGE.
- 5 BUSINESS DAYS NOTICE IS REQUIRED FOR COPIES OF MEDICAL RECORDS. THERE MAY BE A NOMINAL FEE FOR THIS SERVICE.

#### **PATIENT PAYMENTS**

Payment is due at the time of service. **Without exception!** It is the responsibility of the patient to pay his/her co-payment, deductible and any unpaid portion of the bill at the time of service. You may use cash, check, credit/debit card or health savings account to pay your balance. For those with a high deductible policy, our Patient Accounts Manager will discuss with you a good faith estimate of your out of pocket expenses. Patients without insurance must pay **in full** at the time services are rendered. Patients should consult with our Patient Accounts Manager for payment options. ***Prior to your visit, payment arrangements may be requested in cases of financial hardship.***

#### **INSURANCE COVERAGE**

All co-payments and estimated of out of pocket expenses are due at the time of service. If you are unable to pay this estimate, we may ask you to reschedule your appointment. We are members of most, but not all plans. You are responsible for verifying that we are providers for your plan. We encourage you to refer to your benefits manual if you have any questions about covered services. Be aware that some and perhaps all of the services provided may be not be covered by your insurance. You will be responsible for payment of all non-covered services at the time they are rendered.

#### **LATE OR NO PAYMENT ON ACCOUNT**

Any patient that does not pay their agreed payment or is late with their payment will be assessed an 18% annual fee that will be added to the billing cycle.

#### **"NO SHOW" APPOINTMENTS**

Any patient who calls our office after their appointment or simply does not show up will be considered a "no show" and be required to put a \$25 deposit down before their next appointment. This deposit will be used toward your bill when the appointment is completed. 2 or more "no shows" and we will have to discontinue our physician/patient relationship.

#### **RETURNED CHECKS**

Our bank charges us whenever a patient presents a check that does not have funds available. Therefore, we must charge you a \$35.00 handling fee to cover the bank fee.

I have read, understand and agree to abide by the terms as written above.

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Patient's Signature

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Date