Financial Policy

Thank you for choosing Dry Ridge Family Medicine as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

Patients must complete and sign information and insurance forms prior to seeing the physician. You must present a current insurance card at each visit. If you or your children do not present a current insurance card, you will be responsible for payment at the time of your visit.

Co-Payments, Deductibles, and Fees

All co-payments, insurance deductibles, and fees for services not covered by your insurance policy **are due at the time service is rendered**. We accept cash, check or credit cards (VISA, MasterCard, Discover, American Express).

Insurance

We will accept assignment of insurance benefits for those plans we contract with. However, we do require co-payments and deductibles be paid at time of service, and the balance is your responsibility. Your insurance policy is a contract between you and your insurance company, and we are not a party to that contract. In the event we do accept assignment of benefits and your insurance company has not paid your account in full within 45 days, we may bill the balance to you. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Self-Pay/Uninsured Patients

A $75 deposit will be required from all uninsured (self-pay) patients.

Adult Patients

Adult Patients are responsible for full payment at time of service.

Minor Patients

The adult accompanying a minor (parents or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa, Master Card, Discover, American Express, or payment by cash or check at time of service has been verified.

Missed Appointments:

Unless canceled at least 24 hours in advance, we reserve the right to charge for missed appointments at the rate of $25 per missed appointment. This fee is not covered by your insurance plan and is your responsibility. Please help us serve you better by keeping scheduled appointments.

Interest/Charges:

We reserve the right to charge interest in the amount of 1.5% per month as provided by state law on unpaid balances. There is a $15 charge assessed for all checks returned by your bank for non-sufficient funds.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy. I authorize the release of medical information necessary to process any claim. I authorize payment of benefits to Dry Ridge Family Medicine, as agreed upon at the time of treatment.

X_____ _____

Signature of Patient or Responsible Party Date

X_____ _____

Signature of Co-Responsible Party Date