

Wayland Medical Associates Financial Policy and Patient Responsibilities

Thank You for choosing Wayland Medical Associates for your primary care. It is important that we provide and maintain a good physician –patient relationship. Letting you know in advance of our office policy allows for a good flow of communication. *Please read each section carefully and initial.* If you have any questions, do not hesitate to ask a member of our staff.

Appointments

- 1) We value the time we have set aside to see and treat you. If you are not able to keep an appointment, we would appreciate 24-hour notice. **There is a charge of \$50.00 for missed appointments.**
- 2) Before making an annual physical appointment, check with your insurance company as to whether the visit will be covered as a healthy visit.

Initial: _____

Insurance Plans

Please understand

- 1) It is your responsibility to keep us updated with your correct insurance information. **If the insurance company you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.**
- 2) We are your primary care physician; if it is a requirement for your primary care physician's name to appear on your card make sure you notify your insurance and our name appears on your card. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit.

Initial: _____

Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
- 2) **Co-payments** are due at the time of service. A **\$15.00 service fee** will be charged in addition to your co-payment if the co-payment is not paid by the end of that business day.
- 3) Self-pay patients are expected to pay for services in FULL at the time of the visit.
- 4) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement.
- 5) Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within **30 days** of your receipt of your bill.
- 6) If previous arrangements have *not* been made with our finance office, any account balance outstanding longer than 30 days will be charged a **\$10.00 re-bill fee** for each 30-day cycle. Any balance outstanding longer than 90 days will be forwarded to a collection agency.
- 7) For scheduled appointments, prior balances must be paid prior to the visit.
- 8) We accept cash, checks, Visa, and MasterCard credit and debit.
- 9) A \$25.00 fee will be charged for any checks returned for insufficient funds.

Initial: _____

Forms

- 1) Family Leave and Medical leave Act forms etc. should be filled out at a scheduled visit. For short forms you may be able to drop them off and we will notify you when they are ready to be picked up. A -per-form fee may apply. Please enquire with one of our staff members when you drop off the form. Payment is due when the forms are completed. We require 3-day turnaround time.

Initial: _____

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.

Print Patient Name: _____

Signature of Patient or Responsible Party _____