



Financial Policy

1. **CANCELLATIONS/RESCHEDULE:** If you must cancel or reschedule your office or telehealth appointment, a 24-hour notice is required, or you may be charged \$25 fee. Procedure appointments require a call 3 business days prior or you may be charged a \$100 fee. 3 failed appointments in a year may result in discharge. If you are going to be late to your scheduled appointment please call as soon as possible; we may need to reschedule you if more than 15 minutes late.
2. **SELF PAY:** If you do not have health insurance your charges will be based on our current self-pay fee schedule. Payment is due in full at the time of service.
3. **INSURANCE PLAN PARTICIPATION:** PMRC has network agreements with many insurance carriers, but not all. You are responsible for contacting your insurance carrier to verify your assigned provider participates in your plan. Your insurance plan may have out of network charges with higher deductibles and copayments, which you will be responsible for.
4. **FINANCIAL RESPONSIBILITY/PAYMENT:** Your insurance policy is a contract between you and your insurance carrier. Ultimately you are responsible for payment in full for all medical services provided to you including any charges not paid by your insurance carrier. Payment due at time of service is expected without exception. We accept cash, credit, and debit cards. We do not accept checks or Medicaid.
5. **COINSURANCE / COPAYMENTS / DEDUCTIBLES:** It is your responsibility to understand your insurance plan benefits and your responsibility for co-payments, co-insurance, and any deductible amounts for services you receive. Copayments are due at the time of service. If you are unable to make your payment at the time of service, PMRC reserves the right to reschedule your appointment until such time that you can make your payment.
6. **TIMELY SUBMISSION / COVERAGE CHANGES:** Your insurance carrier places a time limit within which PMRC can submit a claim on your behalf. It is your responsibility to timely inform us of changes to your billing or insurance information. If PMRC is unable to process your claim within this period due to incorrect insurance information or you not responding to insurance carrier inquiries, you will be responsible for all charges.

7. **PRIOR AUTHORIZATIONS / NON-COVERED SERVICES:** Some services we provide may be excluded or require a prior authorization from your insurance carrier. As a courtesy, PMRC will make a good-faith effort to determine if such services are covered by your insurance carrier's plan, and, if so, determine if prior authorization for treatment is required and we will attempt to obtain such authorization on your behalf. However, it is ultimately, your responsibility to ensure that services provided to you are covered benefits and authorized by your insurance carrier.
8. **MOTOR VEHICLE ACCIDENT / WORK COMP:** If you are here because of a work-related injury or motor vehicle accident, we require information regarding your employer's Workers' Compensation insurance carrier or the responsible party's motor vehicle insurance. If we cannot verify that the carrier is responsible for this service, you will be responsible for all charges.
9. **UNPAID ACCOUNTS:** If you have an outstanding balance over 60 days and have failed to make payment arrangements or are delinquent on an existing payment plan, we may turn your balance over to a collection agency and will require payment for services provided on the day of service.
10. **REFUNDS:** Refunds for overpayment are processed only after full insurance reimbursement of all medical services has been received. If you believe you have a refund please call and ask for the Billing Department.

I have read and understand the financial policy and agree to abide by its guidelines.

Name:

Signature: _____

Date: