

PATIENT FINANCIAL POLICY

In the interest of good health care practice, it is best to establish a policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good health and we wish to spend our time and energy toward that end. Therefore, we wish to clarify the following points.

- 1. It is the patient's responsibility to know if Dr. Michael C. Glafkides is a contracted provider for their Insurance Company. Patients are also responsible for knowing which labs and/or radiology facilities are contracted with their Insurance Company.**
- 2. As a courtesy to our patients we will file an insurance claim for you.**
- 3. All co-payments and/or deductibles are due and payable at the time of your visit.**
- 4. You will receive a statement from our billing office only if there is a balance due from you, the patient.**

INSURANCE REIMBURSEMENT IS A CONTRACT BETWEEN YOU, YOUR EMPLOYER AND YOUR CARRIER. WE ARE NOT A PARTY TO THAT CONTRACT. IF AFTER 60 DAYS YOUR INSURANCE HAS NOT PAID, WE WILL TURN TO YOU FOR PAYMENT.

- 5. If for any reason you have an unpaid balance at 30 days past due, we will automatically charge you 1.5 % interest on the remaining balance.**
- 6. If for any reason your account remains unpaid after 45 days past due, we will turn your account over to our outside Collection Agency.**
- 7. Appointments reserve time on the schedule for you therefore a \$50.00 fee is charged for missed appointments when a 24 hour notice is not given.**
- 8. For cosmetic procedures payment is due two weeks prior to the surgery date.**

I have read this Financial Policy and understand that, regardless of any insurance coverage I may have, I am ultimately responsible for payment of my account. I agree that in the event costs and/or fees are incurred in connection with the collection of my account, I will pay such costs and fees, including collection costs, attorney's fees and all court costs.

SIGNATURE: _____ DATE: _____
PARTY RESPONSIBLE FOR ACCOUNT