

THE HAND CENTER, P.A.

PATIENT FINANCIAL POLICY

We are committed to providing you with the best possible health care. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, or your financial responsibility.

We participate with most insurance plans. Each plan has different benefits as well as financial obligations as chosen by your employer. **NOT ALL INSURANCE POLICIES COVER ALL SERVICES. It is YOUR RESPONSIBILITY** to check with your insurance company to determine your covered benefits.

The following are financial guidelines for The Hand Center:

- **Payment is expected at the time of service.** (This includes co pays, coinsurance and deductibles.)
- We will file your insurance as a courtesy. Please have a current copy of your insurance card with you for your visit. If a claim is not paid in a timely manner it is the patient's responsibility to contact the insurance company for follow up. If your insurance requires a referral it is the **YOUR responsibility** to obtain it prior to your appointment. If you do not have it you will be required to reschedule.
- New patients with no insurance will be required to pay a \$100.00 payment prior to being seen by your physician.
- Outstanding patient balances on your account must be paid in full prior to receiving additional service.
- Patients will be financially responsible for medical services related to accidents that are filed to a third party.
- If you are a surgical patient, we require payment of a surgery deposit. This amount will be based upon the allowed charge amounts from your insurance company. This amount is to be paid **prior** to your surgery.
- There is a charge to complete disability forms. Disability forms take 7-10 days to complete.
- There is a \$25.00 no show fee for any appointment missed that is not cancelled or rescheduled within 24 hours
- There is a \$25.00 fee for any surgery that is cancelled or rescheduled more than 2 times.
- There is a \$25.00 service charge for the following:
 - **Returned Check**
 - **Co-payment not received within 24 hours of service.**
 - **Re-filing of insurance due to incomplete or incorrect information given at the time of appointment within**
- We accept the following forms of payment: CASH, CHECK, VISA, MASTERCARD, DISCOVER, and AMERICAN EXPRESS.
- Accounts may be turned over to a collection agency if past due 60 days or more. Should we deem it necessary to involve a third party in the collection effort, patients are responsible for all costs involved with the collection of their past due balance, including a collection fee equal to 30% of the unpaid balance, reasonable attorney fees and court costs where applicable, as well as any other expenses incidental to the collection of their delinquent account.

I have read and understand the above stated financial policy of The Hand Center, P.A. I agree to honor the terms and conditions of this policy and understand that any failure on my part to do so will constitute default and may result in the use of any and all available legal means to cure this default.

Patient or Guardian Signature

Date

Witness