

FINANCIAL POLICY

- **Appointment Cancellation/ No-Show Policy:** If patient fails to cancel or reschedule His/her appointment at least 24 hrs in advance. Patient is responsible for a \$35.00 fee which will not be applied to any copay, deductible or coinsurance.
- **Procedure Cancellation Policy:** If patient fails to cancel or reschedule His/her appointment at least 48 hrs in advance. Patient is responsible for a \$100.00 fee which will not be applied to any copay, deductible or coinsurance.
- **Late Arrivals:** It is our office policy that patients who arrive more than **15 minutes** late to their appointments will be rescheduled to the next available date.
- **All office visits are payable at the time services are rendered.** Cash, check, or credit card is accepted for copays, deductible, co-insurance, and procedure pre-payment. At your requested, a copy of service receipts provided will be given to you or published to portal. There will be a **NSF fee of \$35.00 for all return checks.**
- **Assignment & Release:** I assign my insurance directly to Dr. Maher all medical benefits payable for the services rendered. I understand I am financially responsible for all charges paid or not paid by my insurance. I authorized the signature on all my insurance submissions and release of any information to secure payment of benefits.
- **Statements and Collections:** statements are mailed out monthly and published to patient portal. Balance not paid prior to next office visit, will be collected at time of service. If no payment collected within 90 days, account will be sent to collection agency. If you have any questions concerning your statement please contact our billing department PEREGRINE Tel. 1-877-910-3272
- **Refunds:** Overpayments will be refunded to the appropriate party, normally the insurance company or guarantor. Patient's refunds will not be processed until all active or past due accounts are paid in full.
- **Medication Refill Policy:** refills can only be authorized on medication prescribed by Dr. Maher. It is important to keep your scheduled appointment to ensure that you receive timely refills. Repeated no shows or cancellations will result in a denial of refills. All prescriptions require a follow up appointment every 6 to 12 months.
- **Medical Record:** A reasonable fee of \$20.00 shall be charged for the first twenty pages and \$0.50 per page for every copy thereafter. Request will be completed within 10-15 business days.

If you have any questions concerning our financial policy or fees, or difficulty with making payment, please request to speak to office manager.

By signing this you acknowledge that you have reviewed, read, and understand the above statements.

_____ / ____ / _____
Patient Signature Date