

# OFFICE POLICY

Dear Patient:

We believe that a clear definition of our office policies will allow both you and us to concentrate on the big issue - REGAINING AND MAINTAINING YOUR HEALTH.

**For Patients with no insurance:**

1. **All payments are expected at the time of service or at the beginning of each week.** Patient balances may not exceed \$200 at any time, otherwise professional services may be terminated.

**For patients with insurance:**

1. That you are considered a cash patient, and therefore responsible for all charges, until you give us complete insurance information, and this office has had a chance to qualify and accept your coverage. Therefore, payment for today's initial visit is expected before you leave. For your convenience this office accepts cash, personal checks, and Visa/MasterCard. If you have insurance and it covers today's visit the payment will be credited to your deductible and/or co-payments.
2. Deductibles and co-payments are expected at the time of services or at the beginning of each week. Your co-insurance balance may not exceed \$200, otherwise professional services may be terminated.
3. If your carrier has not paid a claim within 60 days of submission, you are responsible to take an active part in the recovery of your claim and that after 90 days you will be responsible for payment in full for any outstanding balance, on that claim.
4. After 90 days, you authorize us to use your credit card to collect full payment, on that claim.

Type \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**All Patients:**

In an effort to continue to provide you with quality service, this office uses authorized automatic monthly credit card charges. This saves you time, decreases our paper work, and allows us to focus on your health.

5. Returned checks will be subject to an additional \$25 fee.
6. **Venue and Jurisdiction:** It is understood and agreed that any dispute arising out of the relationship shall be governed by the laws of the State of Maryland, and that Baltimore County shall have venue in any legal proceedings.
7. **Payment, Billing & Collection Expense:** Charges more than 30 days overdue will be subject to an Interest charge of 1.5% per month. In the event of non payment and the referral of the account to an attorney or third party for collection, an additional 33.3% of the balance owing (principle and interest) shall be assessed for collection and/or attorney's fees, in addition to any court costs associated with collection.
8. Charges may also be made for missed appointments and those cancelled without 24 hours notice.

We ask that you sign this form as acknowledgment that our policy was explained to you, that you understand it and that you accept full financial responsibility.

Patient's Name: \_\_\_\_\_ Patient's Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_