

Julie L. Reihsen, M.D., P.A.
Board Certified Family Physician
FINANCIAL POLICY AGREEMENT

Thank you for choosing Dr. Reihsen for your family's medical care. We are committed to providing you with quality personal health care. As a part of our professional relationship, it is important you have an understanding of our financial policy. Other than for true medical emergencies, agreement with this policy is required for all medical care.

PAYMENTS

Co-Payments Policy

- All co-payments, current balances are due and payable PRIOR to services being rendered and is required by your insurance to be paid at each visit. Patients who do not have their copayment may have their appointment rescheduled.
- Deductibles and co-insurance are due and payable at checkout after services provided on the day of service.
- If you do not know your co-pay we will collect a minimum fee of \$30.00. Our billing department will bill or credit your account accordingly after your insurance pays their portion.

Cancellation/No Show Policy

- While understanding there may be times when you miss an appointment due to emergencies or obligations, our office requires at least 24 hours prior notice on all canceled appointments to avoid a fee of \$25.00 to \$75.00 (depending on the type of appointment requested).

Prescription Refill Policy (without a scheduled appointment)

- New prescriptions will not be issued without seeing Dr. Reihsen.
- Renewed prescriptions may require an office visit before further prescriptions are authorized.

Form Completion Policy (without a scheduled appointment)

- All forms requiring physician signature and medical review – i.e., school, daycare and camp physicals; prior authorizations; FMLA; disability or other paperwork – will be assessed a fee of \$25.00 for completed forms. Patient is responsible for payment.

Return Check Policy

- There is a \$35.00 charge for return checks added to your original balance. In addition, we may seek all additional legal remedies provided to us under Texas law.

Patient Balance Policy

- Julie L. Reihsen, M.D., P.A. after filing with insurance companies will mail you a Patient Balance Statement. Payment in full is due upon receipt of this statement. If you have any questions or dispute the balance it is your responsibility to contact the billing office within 30 days. Past due accounts will be subject to a 5% monthly late fee (minimum of \$5.00 per month) and may be referred to a collection agency.
- If you are not able to pay your balance in full, you must contact our billing office to discuss a payment schedule. Any late fees already incurred on past due balances will be included in any mutually agreed upon arrangements.

INSURANCE

While the filing of insurance claims is a courtesy we extend to our patients, it is your responsibility to:

1. Bring your valid and up-to-date proof of insurance coverage and a driver's license to each appointment.
2. Complete Patient Information Form at each visit
3. Notify our office of any changes to your insurance.
4. Be familiar with your co-pay and be prepared to pay at each visit.
5. Determine if Physicians are network providers prior to your visit.
6. It is your responsibility to know coverage of your particular plan. Although we check benefits there is never a guarantee of payment.

We participate in most managed care plans and will file your insurance plan as may be necessary; however, patients are required to pay for their portion of their health plan benefits at the time services are provided.

Thank you for understanding our payment policy. Please let us know if you have any concerns.

I have read and understand the Financial Policy Agreement and agree to abide by its guidelines.

Signature of Patient or Legal Guardian

Printed Name

Date