

SOUTH COUNTY ENDOCRINOLOGY AND OBESITY MEDICINE
Financial Expectations

We have contracts with over 100 different insurance plans. As a result, it is your responsibility to know your insurance coverage for office visits and labs. Accepted methods of payments are cash and check. We can accept credit or debit cards, however there will be \$ 2.00 processing fee so please plan accordingly.

- It is your responsibility to provide us with accurate insurance information. We can't accept payment in lieu of submitting claims to your insurance. This is illegal. In the event your insurance deems a service " not covered", you will be responsible for payment.
- **Payment** is expected in full at the time of your visit. This will include copays, co-insurance, unmet deductibles and any non-covered services.
- **Referrals:** It is your responsibility to obtain a referral from your primary care physician if your insurance requires this. If you fail to obtain this, you will be responsible for payment. If you need help, let us know, however this is still your responsibility.
- In the event your account is past due and no efforts are made on your part to pay, your account will be turned over to a collection agency. You will be responsible for any and all attorney and/or collection fees.
- **Returned/bounced checks** will result in a \$25.00 service fee in addition to the \$12.00 charge from the bank. Also, this will result in not accepting checks from you.
- **Cancellations and Missed appointments:** A 24-Hour notice is required on cancellations or reschedules. If you fail to give notice, you will be charged a \$50.00 fee. This will increase to \$75.00 if it happens a second time. After multiple occurrences, you will be dismissed from the practice and have to seek medical care through another physician. New patients that fails to give 24 hours notice will be required to pay the \$75.00 fee to reschedule.
- **Refills:** Because we ensure the best patient care, we will send refill requests to your designated pharmacy. However, it is your responsibility to see your physician before your script runs out. If your pharmacy changes, you must let us know so we can update this in your chart.
- **Forms:** There is a \$25 fee for completion of any physical forms. If there is an urgency that requires immediate completion, the fee will be \$ 35.00

I have read all the above terms and assume full responsibility

Signed: _____ Date: _____

Print Name: _____