

## Elizabeth Dewey, MD PLLC Payment Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Please read it, ask us any questions you may have, and sign in the space provided.

1. **Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. Please contact your insurance company with any questions you may have regarding your coverage.

2. **Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment and deductible at each visit.

3. **Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. Most insurances have time filing restrictions. If a claim is not received within 30 days it can be rendered ineligible for payment and you will be responsible for the balance.

4. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and the insurance company.

5. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

6. **Missed appointments.** Our policy is to charge \$25 for missed appointments not canceled within 24 hours of appointment time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

7. **Forms.** There is a \$25 fee for completing FMLA, sick leave, AFLAC, and disability insurance forms that will be collected prior to form completion.

8. **Preventive or Wellness Visits** Please know that if any "established" or "acute" health conditions are addressed during this time, as per insurance requirements, you may be assessed a separate charge for services related to the established or acute condition. This may result in a copay, coinsurance and/or deductible.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Please let us know if you have any questions or concerns.

**I have read and understand the payment policy and agree to abide by its guidelines:**

\_\_\_\_\_  
**Signature of patient or responsible party**

\_\_\_\_\_  
**Date**