

Alliance Medical Associates, PLLC

FINANCIAL POLICY

Our financial policy is to advise of fees relating to the collection of payments from our patients and/or their insurance company. These policies are as follows:

1. All co-pays or coinsurance are due at the time of service. You will be asked to reschedule your appointment if you do not pay your co-pay unless you are having a life threatening issue or if you make financial arrangements with our Billing Department prior to your appointment. If the insurance does not pay due to the termination of the patient's policy or if there is an outstanding balance due to a deductible, the patient is responsible for the balance. Payment in full is required if Alliance Medical Associates, PLLC does not participate with your insurance and you will be responsible to get reimbursed from your insurance company. Our office does not bill for liability cases. We will provide a statement to you to forward after payment is made in full. For our patients who are Self-Pay, payment in full is required at the time of service. Prior arrangements MUST be made with our Billing Department if payment in full cannot be made at the time of service.
2. Allowable forms of payment are cash, check, money order, and American Express, MasterCard, Discover, Visa, or CareCredit. A returned check for non-sufficient funds will result in a \$25.00 fee in addition to the amount of the check.
3. Monthly statements are sent for balances due after the insurance has processed your claim. If a monthly payment is not made on your account, after 90 days, the account will be sent to our collection agency and an additional 35% of the balance will be assessed to you as well as any legal fees that we incur.
4. Patients who miss appointments without a 24-hour notice get a No-Show warning letter. Subsequent missed appointments will result in a \$25.00 fee. Four missed appointments will result in termination from our practice.
5. Patients who are referred to our office by another doctor must bring a referral for the services if their insurance requires one. Failure to get a referral can result in a rescheduled appointment.
6. Patients who request their records be transferred out of our office must sign a transfer request. Our fee for transferring records is \$.75/page. Any unpaid balance at the time of transferring records should be paid or it will be sent to our collections agency.
7. A charge of \$20.00 for all non-billable letters / forms (i.e.: FMLA, Disability, Life Insurance) must be paid at the time of drop off. When these forms are finished, a staff member will call you to pick up the forms.

I have read and understand the above financial policy.

(Patient Signature)

(Date)

(Representative of Alliance Medical Associates, PLLC)

(Date)