

Steven L. Porter, M.D.
Patient Financial Policy

Thank you for choosing Dr. Porter. Dr. Porter and staff are committed to providing quality, affordable medical care without regard to financial status. We sincerely hope that by sharing our financial expectations we will strengthen the practice-patient relationship and keep the lines of communications open. This financial policy helps the practice provide quality care to our valued patients. If you have any questions or need clarification of any of the policies, please feel free to contact our Patient Accounts Specialist.

Proof of Insurance

- Please bring your insurance card(s) with you to each appointment.
- It is your responsibility to inform the practice of changes in your health insurance.
- We will bill your health insurance carrier as a courtesy to you for all services provided by Dr. Porter.
- We perform insurance benefit verifications on all new patients, patients with changes to their insurance, and all patients whose last visit was greater than 1 year from their last visit.
- Please remember: an insurance contract is made between the patient and the insurance carrier, not the Physician. The ultimate obligation for payment rests with you. This office does not accept responsibility for collecting your insurance claim or for negotiating a disputed claim. You are responsible for payment of your account.

Payment is due At the Time of Service

- We accept cash, checks, debit and credit cards (MasterCard, Visa). There will be a \$25.00 charge for any and all returned checks.
- All co-payments, deductibles and non-covered services are due at the time of service unless you have made payment arrangements in advance of your appointment.
- Insurance required co-payments are due when you check in for your appointment. If you arrive without your co-payment, we may ask you to reschedule.
- Patient responsible balances are due when you check in for your appointment in addition to any co-payments, deductibles and non covered services.
- An estimated payment for surgery will be collected prior to your procedure as the doctor cannot collect payment at the time of service at the hospital.

Self Pay Accounts

- We designate accounts, Self-Pay, under the following circumstances: (1) patient is covered by an insurance plan that our providers do not participate in, (2) patient does not have a current, valid insurance card on file, (3) patient does not have a valid insurance referral on file, or (4) patient does not have health insurance coverage.

Referrals

- If your insurance plan has a designated primary care physician (PCP) and you are required to obtain a written referral from that doctor, you must provide the office with that referral at the time of check-in. If you do not have a current, valid referral, we may ask you to either reschedule your appointment or pay for the visit at the time of service.

Billing, Payments and Refunds

- All balances are due in full within 14 days of the statement date.
- If you cannot pay the balance in full within 14 days, please contact our Patient Accounts Specialist to see if you qualify for payment options.
- It is your responsibility to notify the office of any changes in address, phone, employment, or insurance coverage.
- If you make an overpayment on your account, we will issue a refund only if there are no other outstanding debts on the other accounts with the same guarantor or financial responsible party.
- We reserve the right to report delinquent accounts to credit bureaus, assess a collection fee, take other collection action, or terminate you as a patient of this practice.
- If your account is over 120 days past due and you have not made a reasonable attempt to pay, a collection agency will be retained to collect payment for all monies due with an additional (35%) fee added to cover the cost of the collection agency and administrative costs. A (50%) fee will be added if legal costs are necessary.

Cancellation Policy

- Dr. Porter requires a 24 hour notice prior to the appointment schedule time for cancellations. A fee of \$35.00 will be billed to the patient in the event the office does not receive notification of cancellation.
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I have read the Patient Financial Policy and I agree to abide its terms.

Patient Name (please print)

Date of Birth

Signature, Patient or Legal Guardian

Date