

Dr. Jessica Adkins

Financial Policy

Please read carefully, initial each paragraph, and sign at the bottom.

Fees and Payment Policy

- _____ Payment is required at the time of your visit. If you are unable to make your co-payment at the time of your visit, your appointment may need to be rescheduled.
- _____ While filing insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered.
- _____ Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. Before your visit, contact your insurance company to verify that we are participants in your plan, and the services you intend to receive are covered.
- _____ In order for us to file a claim, you must present a CURRENT copy of your insurance at each visit and communicate changes in your personal information.
- _____ Not all services are a covered benefit in all policies, so it is especially important that you understand the provisions of your individual policy. Insurance companies select certain services that they will not pay for. Therefore, we cannot guarantee payment of all claims by your insurance company. *Reduction or rejection of your claim does not relieve you of your financial responsibility.*
- _____ Each visit is documented in your medical record and a diagnosis is made by the provider. Diagnoses are made based on medical information, not based on coverage by insurance companies. To request a diagnosis change solely for the purpose of securing reimbursement from an insurance carrier is considered fraud and will not be done by our office.

Miscellaneous Charges:

- _____ Non-Sufficient Funds (NSF) checks are subject to a \$30.00 fee (in addition to fees from your bank).
- _____ You may be charged \$100 for missed appointments without 24 hour notification. As a courtesy our office contacts the patient up to two days in advance to an appointment to remind the patient of their future appointment. *This is a courtesy only and is it ultimately the patient's responsibility to keep track of appointments made.*

We accept cash, checks, and major credit cards. Additional fees may apply to special financing arrangements and bad debt collections.

By signing this Financial Policy, you, the guarantor, acknowledge that you have read, understand, and accept the above financial policy.

Patient Name (printed): _____ DOB: _____

Patient/ Guarantor Name (signed): _____ Date: _____

Name of Guarantor (if different from patient): _____