

Payment Policy

Thank you for choosing Dr. Dunham Family Practice. We are committed to providing you with quality and affordable health care. Because many patients have questions regarding insurance and payment, we have provided this policy.

Please read the policy, ask us any questions you may have, then sign in the space provided.

- 1. Late Cancellation/No Show Charge:** If you no-show your appointment or cancel less than 24 hours prior to your appointment, there will be a charge of \$50.00 applied to your account. This amount will be due upon receipt of statement.
- 2. Self-pay** means that payment is due at the time of service. This also means that your bill will not be filed to an insurance company for you.
- 3. Insurance.** While we participate in most insurance plans, including Medicare, if you are not insured by a plan we are in-network with, payment in full is expected at each visit. If you are insured by a plan we are in-network with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
- 4. 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 at each visit.
- 5. Annual Exams:** An Annual Exam is for preventative care. This exam does not include the diagnosis/management of new problems, new prescriptions, or management of ongoing medical conditions or prescription refills. If issues other than preventive care are discussed during your physical exam, there will be an additional office visit charge.
- 6. Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit. For example, some insurance plans do not cover for yearly exams or Pap tests. Again, knowing your insurance benefits is your responsibility.
- 7. Form Fees:** There is a \$10.00 charge for forms to be completed for school, work or insurance purposes other than our regular billing forms. There is a \$10.00 charge to rewrite lost or expired prescriptions.
- 8. Proof of insurance:** All patients must complete our patient information form before seeing the doctor. We must have a copy of your driver's license and current insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. Your insurance card is like a credit card and provides a "guarantee" of payment for seeing the doctor.
- 9. Claims submission:** After care is given, we will send a claim to your insurance company. We will help you in any way we reasonably can to help get your claim paid by the insurance company. Your insurance company may need you to supply certain information directly. It is your responsibility to call the insurance company upon request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance policy is a contract between you and your insurance company; we are not party to that contract.
- 10. 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. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
- 11. Nonpayment:** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, you may not receive non-emergency care including prescription refills and lab slips. We may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you only on an emergency basis.
- 12. Billing:** Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges in the area.

I have read and understand the payment policy and agree to follow these guidelines.

Name of Patient (PRINTED)

Signature of Patient or Responsible Party

Date

Dr. Dunham Family Practice

Jocelyn B. Dunham, MD, PA

No Show/Late Cancellation Policy

This policy has been established to help us serve you better and becomes **effective 01/01/2023**.

It is necessary for us to make appointments in order to see our patients as efficiently as possible. No-shows and late-cancellations cause problems that go beyond a financial impact on our practice. When an appointment is made, it takes an available time slot away from another patient. No-shows and late-cancellations delay the delivery of health care to other patients, some who are quite ill.

A “no show” is missing a scheduled appointment, which includes being in excess of 10 minutes late. A “late cancellation” is canceling an appointment without calling us to cancel 24 hours in advance of an office visit.

We understand that situations such as medical emergencies occasionally arise when an appointment cannot be kept and adequate notice is not possible. These situations will be considered on a case by case basis.

A charge of \$50.00 will be assessed for each no-show or late-cancellation office visit appointment if less than 24 hours notice is given.

Please understand that the insurance companies consider this charge to be entirely the patient's responsibility.

Also note, if a patient has 3 or more no-shows or late cancellations in a 12 month period, they may be dismissed from the practice.

Please let us know if you have any questions.

Jocelyn B Dunham, MD