

Medical Associates of Middletown, Inc.

FINANCIAL POLICY

Thank you for choosing Medical Associates of Middletown as your medical provider. We bill all participating insurance companies as a courtesy to you. However, payment of your bill is ultimately your responsibility. We encourage you to educate yourself about your insurance coverage and benefits.

ALL PAYMENT IS DUE AT THE TIME OF SERVICE.

Payment is required at the time services are rendered unless other arrangements have been made in advance. Copayments, coinsurance and deductibles cannot be waived by our practice for any reason, as it is a requirement placed on you by your insurance carrier. If you do not have your copayment at the time of your office visit, you may be asked to reschedule for a later date or to bring your payment to the office within twenty-four hours. If the copayment is not received within this timeframe, a service charge of \$35.00 may be added to your account. We accept cash, personal checks, money orders, VISA, MasterCard and Discover. There is a service charge of \$35.00 for returned checks. Patients with an outstanding balance must make arrangements for payment prior to scheduling appointments.

MISSED APPOINTMENTS:

In the event you are unable to keep an appointment, we ask that you notify us twenty-four (24) hours prior to the appointment. We reserve the right to charge a fee of \$35.00 for missed appointments. This includes appointments at our office and appointments for procedures. Excessive abuse of scheduled appointments may result in discharge from the practice.

COLLECTIONS:

We want to settle all accounts without the use of a collection agency. We are willing to work out a payment arrangement that is affordable for you. If statements are sent for three consecutive months and no payment is received, your account may be subject to collection activity. If it becomes necessary to forward your account to a collection agency, you will be responsible for any fees charged by the collection agency for the cost of collections. This is in addition to the principle amount owed.

DISABILITY/INSURANCE FORMS

There may be a charge of \$5.00-\$35.00 for the completion of medical forms. The charge is based upon the number of pages and the complexity of the information requested. Payment is due at the time that you pick up the forms. Please allow seven to ten days for the completion of these forms. If you would like the forms mailed to you or your insurance company, payment will be due prior to mailing.