

Bobbi Edwards M.D., P.C. Financial Policy

Thank you for choosing Bobbi Edwards M.D., P.C. as a healthcare provider. We value your patronage. Please be advised of the financial policy outlined below, which we require you to read and sign prior to treatment. Dr. Edwards participates with most major insurance companies. As such, we verify health insurance coverage and proper identity, accordingly. Having current and accurate information allows us to process your claim correctly. In order to comply with federal and state regulations, our financial policies are as follows:

IMPORTANT DETAILS-PLEASE READ ALL POINTS CAREFULLY

Patients are responsible for paying all known co-pays, deductibles, and non-covered services as specified by their insurance plan coverage in effect, at check-in on the day of service. Cash and credit cards are accepted (personal checks are accepted from return patients only).

- HMO patients are required to obtain an electronic GLOBAL referral from their primary care physician prior to their appointment. HMO contracts do not allow Dr. Edwards to see patients without the appropriate referral on file. It is the patient's responsibility to ensure that we have a valid referral within 2 business days of the scheduled appointment. We will not be able to contact the patient's primary care physician at the time of the appointment for an invalid or expired referral.
- Accounts are automatically sent to collections under the following circumstances: outstanding balance for 60 days or mail returned for change of address. Any account sent to collections will incur a \$30.00 collection penalty plus collection agency fees.
- I understand that I am responsible to pay for costs of collection and reasonable attorney's fees in the event of default. I further understand that if a payment becomes 60 days past due, delinquency fees at the rate of 30% or the maximum allowable rate will be due on delinquent amounts from the date the payment was due.
- All bank related fees for returned checks will be charged to the attached account in the event of insufficient funds.
- A \$25.00 fee will be assessed for each appointment missed or not canceled at least 24 hours before the appointment time.
- Outstanding balances not paid in full may result in the rescheduling of your appointment.
- I acknowledge that if I have supplied insurance information, that insurance will be billed for medical services provided by Bobbi Edwards, M.D., P.C.
- I authorize the release of any information concerning my (or my dependent's) health care, advice, and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I also hereby authorize payment for the insurance benefits otherwise payable to me directly to the doctor.
- I understand that the verification of insurance copay and deductible amounts are only an estimate of fees due at the time of service; final amounts may differ after adjudication by the insurance company.
- I understand that some or all of the services provided may be non-covered services or not considered reasonable and medically necessary under some insurance plans, and my actual payment to Bobbi Edwards, M.D., P.C. may be greater than the standard copay required.
- I understand that I am responsible to pay for services rendered, and that I will be held responsible for any changes not covered by my insurance.

Patient Name

Signature of Patient or Responsible Party

Date

Printed name of Responsible Party if other than patient