

Kaysville Clinic Financial Policy

WE ACCEPT ALL MAJOR CREDIT CARDS AND CASH

Insurance & Insurance Collection: As a courtesy, we will bill your medical insurance carrier for services we provide. We will work very hard to make sure your paperwork is filed accurately and promptly. Please understand that insurance reimbursement can be both time consuming and tedious. Our billing staff will work to maximize your insurance reimbursement, while reducing the time by which your insurance company pays. You are responsible for any balance remaining after your insurance(s) have processed your claim.

Co-Pays: We have contracted with your insurance company and are obligated to collect your co-pay at the time of service. Failure to pay at the time of service may result in a **\$15.00 service fee** or you may be asked to reschedule your appointment until we are able to collect your co-pay.

Deductibles: If your insurance has a deductible that has **NOT** been met at the time of your visit, we require that you pay **\$60.00 at the time of service**. We will bill you for any remaining balance after your insurance company has processed your claim.

Secondary Insurers: Having more than one insurer **DOES NOT** necessarily mean that your services will be covered at 100%. Most secondary insurers base benefits on your primary carrier's determination. We may bill your secondary carrier as a courtesy.

Self Pay Policy: Patients without insurance coverage will be required to pay for all services at the time they are rendered. A discount may be offered on services received.

Please be aware that you may receive a bill separate from our clinic if additional testing is done in conjunction with your appointment, such as blood work, pathology, and pap smears.

Usual and Customary Rates: Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of the insurance company's determination of usual and customary rates.

Divorce Decrees: This office is not a party to your divorce decree. Adult patients are responsible for their own bill. **The responsibility for minors rests with the accompanying adult.**

Minor Patients: The adult accompanying the minor and the parents (or guardians) of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless permission to treat has been obtained and payment arrangements have been verified.

Interest, Rebilling Fees and Collection Costs: We reserve the right to charge interest in the amount of 1.75% per month (21% annual rate). Interest will be charged on the amount not paid after 60 days, with a minimum charge of \$.50 per month. Should collection action become necessary, **the responsible party agrees to pay an additional 40% collection fee, and all legal fees of collection, with or without suit, including attorney fees and court costs.**

Missed Appointments: Our policy is to charge for missed appointments at the rate of **\$25** unless canceled at least 24 hours in advance. Please help us to serve you better by keeping your scheduled appointment.

I authorize Kaysville Clinic to release all requested information concerning my medical treatment to my insurance carrier. I further assign, authorize and direct said agency, attorney, or insurance company to pay from the proceeds of benefits of any recovery or insurance payments in my case, directly to the provider(s) of this office, for their professional services rendered. It is understood that the signing of this form does not prohibit customary monthly billings.

Thank you for reviewing our Financial Policy. Please let us know if you have any questions or concerns.

I have read the financial policy. I understand and agree with this Financial Policy.

Signature of Patient or Responsible Party

Date

Patient's Printed Name

Patient's Date of Birth

Privacy Notice Record

I have received a copy of the Kaysville Clinic Privacy Standards Notice of Health Information Practices.

Signature

Date

