



## Financial Policy

- As with any other business, it is necessary for us to receive payment for the services we provide to ensure we can continue providing these services for you at reasonable prices.
- **Your copayment (copay) is due at check-in**  
The copayment is a fixed fee defined in your insurance policy that is paid each time a medical service is accessed. Most copayment amounts should be listed on your insurance card. Please be prepared to pay the co-payment at check in to avoid your appointment being rescheduled.
- If you do not have insurance, and if you are unable to pay the entire amount, you will be required to sign a payment plan before being seen.
- Please note that any procedures, lab work, etc that you have done outside of this office or that is sent for interpretation, is not included in your office visit(s). You will receive a separate invoice for these charges directly from the facility providing the service.
- In addition, if you have an outstanding balance with us and you have not arranged a payment plan, then you will be required to make a payment on the balance and sign a payment plan for a monthly amount. This includes accounts that have been sent to a collections agency.
- Payment plans are available for patients needing to make special arrangements to pay-off their bills. These arrangements should be made in advance of receiving services.
- Please feel free to ask questions and discuss financial matters with our financial staff in the business office.
- For your convenience, we accept Visa, Mastercard, bank debit cards (which is run as a credit), cash, personal check or money orders.
- If you do not show for a scheduled appointment, you will be charged a \$50 no-show fee, which must be paid before the next visit.
- A \$25 return check fee will be charged for all returned checks. Insurance does not cover this charge.
- We charge \$5 to complete forms and copy medical records. This payment is due PRIOR to completion. Insurance does not cover this charge.
- We participate with many insurance companies; however, we do file claims to most insurance companies on your behalf. If your insurance company is one in which we do not participate, you are responsible for payment of account. You should always contact your insurance company with questions you may have prior to arranging an appointment to be seen.
- Parents and Guardians of minor children will be held fully responsible for the account, unless notified with appropriate documentation.
- You the patient, hereby authorize the payment of medical benefits to CMH/PMS for services rendered. You are financially responsible for services not covered by insurance carrier. Furthermore you agree to pay all collection costs, attorney fees, and other collection costs that may be incurred to enforce the collection of any amounts outstanding.
- You the patient, hereby authorize CMH/PMS to release any medical information necessary to complete and process my insurance claims.

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Printed Name of Patient

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Relationship to Patient

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Date

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Signature

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Printed Name if different from Patient Name