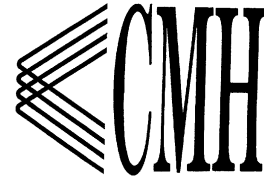


CMH Orthopedic Service, LLC

A Service of Community Memorial Healthcenter
420 Bracey Lane South Hill, VA 23970
434-447-7375



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.
- 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. We reserve the right to dismiss any patient from the practice after three consecutive no-show appointments.
- A \$25 return check fee will be charged for all returned checks. Insurance does not cover this charge.
- We charge \$5 for form completion, copying medical records, & per x-ray film. 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. For participating insurance companies, you are responsible for remaining balances after payments.
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.

Printed Name of Patient

Relationship to Patient

Date

Signature

Printed Name if different from Patient Name