

Medicare Long Term Signature On File

I request that payment of authorized Medicare benefits be made on my behalf for physician services including laboratory, x-ray and related medical supplies to the above physician as "participating" physician with Medicare and Railroad Medicare. I authorize any holder of medical or other information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or benefits for related services.

Signature _____

Financial Policy

Our office has instituted a \$20.00 fee for missed appointments. This has been made necessary by increasing numbers of people not keeping their appointments, which is very frustrating when we are so busy and there are so many other people who want to be seen sooner. This fee is **not covered by your insurance** and will apply if you fail to notify us of a cancellation at least 2 hours in advance of your appointment (or, for appointments in the first two business hours of a day prior to closing the day before). If you need to cancel an appointment please call as soon as you know during business hours. Please do not call after hours, and do not leave messages for or page our on-call providers for this purpose. Should a true emergency arise that causes a missed appointment, please contact our billing department as soon as possible to discuss the fee.

You are responsible for all office charges, and payment is expected at the time of service. **All insurance co-payments are due at the time of the visit.** For your convenience we accept MasterCard, Visa, American Express, Discover, and cash. Unfortunately, we are no longer able to accept personal checks. We are happy to bill most insurance carriers directly. In cases in which contractual relationship exists between our office and your plan, you are asked to pay any co-payment or co-insurance at the time of the visit. You are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement.

Unpaid balances are billed monthly. We use computer billing and are aware that sometimes errors do occur. Please call if you have a question about your bill. Most problems can be settled quickly and easily, and your call will prevent any misunderstandings. If you are having trouble paying your bill or are unable to pay on the day you need to be seen, please explain the situation to us. Satisfactory arrangements can almost always be made. We strive to remain flexible and understandings of individual circumstances, are certain to have suggestions, and will do our best to help.

Date _____

Signature _____