

Middletown Family Care Assoc., LLC

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FINANCIAL POLICY – EFFECTIVE MAY 1, 2006

Co-pays and Outstanding Balances

A co-pay or payment in full, if required by your insurance company, is expected at the time of service. If there is an outstanding balance, it is either to be paid or you need to set up a payment plan **before** seeing the provider.

Missed Appointments

In most cases you will receive a reminder call two days prior to your visit. **If you are unable to keep your appointment, kindly give us at least 24 hours notice.** You can leave a message on our phones or with the answering service during non-business hours. **Otherwise, you will be billed \$25.00 which is not covered by insurance and must be paid before another appointment can be scheduled.**

Form Fees

All forms (insurance, short or long term disability, FMLA, Auto Accident, Workman's Comp, physicals, ect.) will now require a fee of \$10.00 to fill one page form and \$20.00 for 2 or more pages, **or you will have to make an appointment with your provider and they can fill out the forms during your visit.**

Please list your entire out of work dates and any other information you can provide on the form ahead of time. Forms that are dropped off will **require a prepayment and the forms will be completed as time permits, usually within one week.** Missing information will only delay completion of the form.

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 whether the insurance company has paid or not.

I HAVE READ THIS POLICY. I UNDERSTAND AND AGREE TO ITS TERMS.

Patient Responsible Party Name Responsible Party Signature Date