**Botts Diabetes and Endocrinology**

**Financial Policy**

**Our office participates with a variety of insurance plans. We ask that you:**

* Bring your current insurance card(s) to every visit, including your pharmacy benefit card. A claim cannot be filed to another insurance plan at a later date.
* Be prepared to pay your copay or a $75 prepayment towards your deductible at each visit before service is rendered.
* For medical care or services not covered by your insurance, payment in full is due at the time of service.
* Understand you are responsible for knowing your benefits and notifying our office of specific requirements such as referrals and precertifications.
* If you have a primary care provider (PCP) listed with your insurance, it is your responsibility to ensure a provider with Bradshaw Health, PLLC is listed as your PCP on the date of service.
* Understand any credit card or checking account payment that is declined will be subject to a $10.00 fee per declined transaction.

**Self-Pay Discount** – Should you elect to be billed as self-pay, we will apply a 20% discount to your balance of total charges if paid in full on the date of service. If you cannot pay the balance in full on the date of service, a payment arrangement will be set up with the first payment being due on the date of service. **Each claim that is treated as self-pay cannot be later changed and re-filed to insurance.**

* The responsibility for payment of services lies with the person seeking treatment. If the patient is a minor (17 years and younger), the parent, guardian or unaccompanied minor is responsible for any payment due at the time of service. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of our office.
* Patients needing services due to an injury involving a third party account, will be responsible for their own account. We will not be able to file with a third-party insurance for you.
* Once your insurance has processed your claim, any balance that is deemed patient responsibility is due in full. If you are unable to pay for necessary medical care, our office will gladly help you set up payment arrangements. However, if our office cannot collect on an account, it will be considered for collections after 3 statements have been sent. You will be responsible for any court costs, attorney fees, and collection fees incurred by the agency or this office to collect on your account.

**Missed Appointment Fee** – Any appointment that is not kept or changed 24 hours prior is subject to a fee of $50. This fee cannot be filed to the insurance and must be paid prior to the next appointment.

We firmly believe that a good patient/provider relationship is based upon good communications. If you have questions about your insurance, your account, or the financial policy, we are here to help you. Specific coverage issues for your plan; however, should be directed to your insurance company member services department.

Thank you,

Botts Diabetes and Endocrinology

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Printed Name Signature Date

Revised 01-01-2021/jj