Kathleen Knapp, DO. PC

FINANCIAL POLICY

Thank you for choosing us as your family practice physicians. We are committed to your visits with us as being pleasant and successful. The following is a statement of our financial policy, which we require you to read and sign prior to any treatment.

Patient With Insurance - I understand my insurance may only pay a portion of the cost of my treatment. I am responsible for paying my copay for today's visit plus any outstanding amounts related to a deductible and coinsurance that may have been assigned by my insurance company for a prior visit. I understand that this payment is expected at the time of treatment. If the insurance company pays less than anticipated or denies my claim, I will be responsible for the amount due. In the event that my insurance company does not make payment within 60 days, I will be notified. If payment is not received within 60 days, I will assume responsibility for that balance. As a courtesy, the office will submit claims to the insurance on my behalf, but I am ultimately responsible for the total amount due.

Patient Without Insurance – I understand payment in full is expected at the time of treatment.

Methods of Payment - We accept Cash, Check, Visa, Mastercard and Discover.

Missed Appointments - I understand that if I am unable to make my scheduled appointment, I will notify you as soon as possible. If I notify you less than 24 hours of my appointment, I may be assessed either $25 for a missed appointment, $50 for a missed procedure or $100 for a missed physical exam appointment. If I schedule my appointment within 24 hours, I understand that these fees will also apply.

Returned Checks – I understand a $30 fee will be added to my account balance for any returned check and that the total balance is due immediately. I understand that I must pay using Cash, or Credit as a result of the returned check.

Service Fee – I agree that a $35.00 collection fee will be added to my balance owed should my account be forwarded to a collection agency for recovery. I understand that any attorney and court fees incurred in the collection process will also be guaranteed by me.

Minor Patient – A patient age seventeen or younger is considered a minor. An adult or guardian must accompany the patient for treatment. The adult accompanying the patient *and* the parent(s) are financially responsible for the account. In the event the parents are divorced, the parent accompanying the minor is financially responsible for the account, regardless of the divorce decree. If someone other that the parent(s) accompany the minor, payment of the copay is due at service date. Settlement must be resolved outside of the office visit. For unaccompanied minors, non-emergency treatment will be denied.

☐ *Please check here if you would like a copy of this contract for your records*

_____ _____
Signature of Patient or Responsible Party Date

_____ _____
Witness (Staff Member) Date