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Financial Policy

Thank you for choosing our practice. We want to make every experience you have with us a positive one. Over the past few years, the practice of medicine has become more complicated for our physicians and patients alike, due to managed care rules and regulations.

Because of the growing complexity of the insurance business, we feel we can no longer assume that patients fully understand the relationship between the insurance company, the doctor, and themselves. In an effort to clarify this relationship, we have developed a set of guidelines regarding financial responsibility. If you have any questions, please speak with the insurance office staff. You will be asked to sign at the end of this form.

- **You must present your card prior to or at the time of your visit.** If we do not receive your insurance card before you see the doctor, that visit becomes fee for service, and full payment is expected at that time or arrangements need to be made.
- **Co-Payments, Deductibles, and Co-Insurance.** A co-payment is a set dollar amount you owe for each office visit. Some insurance plans are subject to a deductible and co-insurance. **You will be asked to pay your co-payment, deductible, and co-insurance amount at the time of service if your deductible has not been met.** Co-insurance is the amount required by some insurance plans over and above the deductible amount.
- **Laboratory and Pathology Fees.** Many times it is necessary to obtain tissue or perform lab tests to confirm a diagnosis or to determine a course of treatment. If any tissue is removed for a pathology examination or if a laboratory test (blood work, culture, etc.) is done in our office, the actual test is usually carried out by someone else. **THIS MEANS YOU WILL RECEIVE A SEPARATE BILL FROM ANOTHER DOCTOR, PATHOLOGIST, OR LAB FOR THESE TESTS.** Some plans do not specify a particular lab to use, if your insurance requires a specific lab, please let us know. Therefore, you are ultimately responsible for any bill you may receive from the laboratory or pathology service used. If you receive a bill from a lab, please contact that lab directly to resolve any billing concerns. If the lab will not file your claim for you directly, please attempt to file the claim yourself and pay the lab directly for the services.
- **Forms of Payment.** For your convenience, we accept cash, personal checks, MasterCard, Visa, Discover, and American Express.
- **Returned Checks.** All returned checks will result in a \$35.00 NSF fee which will be applied to your account.
- **Estimation of Services.** We will be happy to give you an estimate of fees when this is possible. Please remember that we can only assure you of the exact cost of a procedure on the day of the service when the doctor has determined the actual code being used. The estimate of our charges will not include work done by an outside lab or pathology service.
- **Collection Efforts.** We will make every effort to work with you to make payment arrangements should your bill become outstanding. If all efforts do not bring about a resolution of the account after several attempts, the account balance will be turned over to an outside collection agency.

I have read and understand the above completely and agree to comply with the financial policies of this office. My signature authorizes this office to file my claims and assigns to this office all rights, title, and interest to my medical reimbursement benefits under my insurance policy. I understand that my signature also allows this office to release information regarding my visits to my insurance carrier. I understand that I am responsible for my bills in the event the insurance company denies any claims.

Patient Name (Printed)

D.O.B.

Signature of Patient (or Parent, if patient is a minor)

Date