

**MEDICAL DIAGNOSTIC ASSOCIATES  
OFFICE FINANCIAL POLICY**

*Medical Diagnostic Associates' goal is to provide and maintain a good physician-patient relationship. Please read this carefully and if you have any questions, please ask a member of our staff.*

1. Upon arrival, please sign in at the front desk and present your current insurance card(s) at every visit. **If we are your Primary Care Physician, make sure our name or phone number appears on your card.** If your insurance company has not been informed that we are your Primary Care Physicians as of this date, you may be financially responsible for the visit.
2. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure and what services are covered.
3. According to your insurance plan, you are responsible for any and all co-payments, deductibles and co-insurances.
4. If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit. For scheduled appointments, prior balances must be paid prior to the visit.
5. **If you have no insurance, payment for an office visit is to be made at the time of the visit.**
6. Co-pays are due at time of service. A **\$10** processing fee will be charged in addition to your co-pay if the co-pay is not paid at time of service or by the end of the next business day.
7. Patient balances are billed immediately upon receipt of your insurance plan's explanation of benefits. Your remittance is due **within 30** business days of the statement date.
8. If previous arrangements have not been made with our Finance Office, any account balance over **90** days will be turned over to a collection agency and you will be assessed a **\$35 collection fee.**
9. We require 24 hours notice for canceling any appointments, or a **\$40** fee will be applied.
10. A **\$20** fee will be charged for any checks returned for insufficient funds, **plus** any bank fees incurred
11. We charge **\$1 per page** for Medical Record copying, as allowed by law. If you or your child has school forms, camp forms, sport forms etc. to be completed, there is a **\$1** charge per page. Payment is due when the forms are dropped off. We have a **one week** turn around time for those forms.
12. Advance notice is needed for all non-emergent referrals. It is your responsibility to know if a selected specialist participates in your plan. Remember your primary care physician must approve referrals before being issued.
13. Before making an annual physical appointment, check with your insurance company and inquire whether the visit will be covered as a well/healthy visit. Not all plans cover annual well/healthy physicals. It is your responsibility to know your insurance plan benefits. If it is not covered, you will be responsible for payment at the time of visit.

*I have read and understand the above Office Financial Policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above.*

Patient Name: \_\_\_\_\_

\_\_\_\_\_  
*Patient, Parent or Guardian Signature*

\_\_\_\_\_  
*Date*