

DTC Family Health
Acknowledgement of Financial Policies

Thank you for choosing DTC Family Health as your primary health care provider. The following financial policies are in place to help keep your account with us current and in good standing:

All co-payments are due at the time of your scheduled appointment as well as any payments for services not covered by your insurance. **It is your responsibility to make sure that all contact, billing and insurance information is up to date with us.** If we do not have the correct insurance and/or contact information we cannot bill your insurance company accurately and you will be responsible for any balance owed.

Please be advised that it is your responsibility to know your insurance benefits. If, for any reason, your insurance company does not pay for a visit, full payment is due to our office. If you have a dispute or appeal with your insurance company about their payment to us, it is your responsibility to negotiate with them for payment or reprocessing. We are glad to assist you with this dispute with documentation if needed.

If you have a balance due and our billing department does not receive payment within 90 days from the date of the first statement sent, the balance will be sent to an outside collections agency. If the balance is sent to a collection agency, you are no longer allowed to schedule appointments, request prescription refills, or receive refills and you are at risk of being permanently dismissed from our practice.

If you are uninsured, full payment is due at the time of service. **All uninsured patients must put down a \$100 deposit prior to being seen for any type of appointment.** If there is a balance due after the charges for your visit have been entered, they need to be paid before you leave. You will be reimbursed in the case that your appointment does not require the full \$100 charge. Any charges not available at the time that you check out will be billed to you later.

For your convenience, we accept cash, check and credit/debit cards for payment. We also accept payments on the Patient Portal. A \$20 charge will be issued for all returned checks. If a check is returned to us for non-sufficient funds, we will no longer be able to accept checks for payment. You will need to pay all balances via cash or credit card going forward.

A **no show** is any failed appointment whether it is confirmed or not. This includes any wellness or routine appointment not cancelled 24 hours in advance. The same applies for any same day appointment not cancelled at least 4 hours in advance. This also includes situations where a patient shows up too late for their appointment to be seen (patients have a 10 minute window to arrive for their scheduled appointment). **Patients will be permanently dismissed from our practice after 3 no shows in a three-year period.** The following protocols will be followed:

- **NEW PATIENT NO SHOW:** If you fail to arrive for your first appointment, you will not be able to reschedule with our office
- **1ST NO SHOW:** A charge of \$45 will be assessed for any failed appointment
- **2ND NO SHOW:** The patient will receive a second \$45 fee
- **3RD NO SHOW:** The patient will receive a third \$45 fee and will be dismissed from the practice

I, (Print Name) _____ acknowledge receipt of the above financial policies and I agree to abide by them.

Signature

Date