

# DOYLESTOWN MEDICAL ASSOCIATES, P.C.

## FINANCIAL POLICY

Thank you for choosing Doylestown Medical Associates, P.C. (DMA) as your healthcare provider. We are committed to providing the best possible medical care. Please understand that payment of your bill is considered a part of your treatment as it enables us to continue to provide our services.

All patients should provide accurate and complete personal and insurance information prior to being seen by the doctor and have a current insurance card with them at every visit.

All applicable copays, co-insurance, and personal balances are due at time of service.

### *Insurance*

We participate with a variety of health insurance plans including Medicare, Aetna, Keystone, Cigna, Blue Shield, and Tricare. Please inquire about coverage for your particular plan. It is your responsibility to understand and comply with any predetermination of benefits or referral requirements. Please be aware that some or all of the services provided by DMA may be non-covered services or may not be considered medically necessary under Medicare or by other insurance companies. If we must rebill your insurance company due to incorrect insurance information presented to us, you will be assessed an additional \$10 fee. This fee is not covered by insurance so it will be your personal responsibility.

### *Copays*

Payment for copays are expected at the time of service as required by your insurance company. We accept cash, check, and credit cards for payment. If copay balances are not paid at the time of service, a \$10 fee will be charged to your account to offset our increased administrative costs. This fee is not covered by insurance so it will be your personal responsibility.

### *Missed Appointments (No-Shows)*

In order to provide the best service and availability to all our patients, we ask that you provide us with at least 24 hours advance notice if you cannot keep your scheduled appointment. If you miss an appointment without notifying our office in advance, we reserve the right to charge for the missed appointment. This fee is not covered by insurance so it will be your personal responsibility.

### *Past Due Accounts*

Overdue accounts may be referred to a collection agency. Legal and agency fees that we pay to secure past due balances will be added to your account.

### *Returned Checks*

For checks returned to us as unpaid for insufficient funds or for any reason, we will charge a fee to recover the banking charge which we were assessed.

### *Forms and Copy of Records*

For completion of forms not associated with an office visit, there will be a charge of \$10 per side.

Chart copying requests are forwarded to our medical records department. They will charge a fee based on the current Pennsylvania State Act 26.

First and foremost, DMA is concerned with your good health. If you are unable to make payment in full, please contact our Billing Administrator at 215-348-4478 to make payment arrangements.

I have read, understand, and agree to comply with the terms of this financial policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_