



Office Financial Policy

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, please check in at the front desk and present your current insurance card at every visit. You will be asked to update your address and insurance information. This is your verification of the correct insurance and consent to bill them on you and/or family member's behalf. If the insurance company that you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan.
2. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. Copayments are due at the time of your visit.
3. 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 and what services are covered. If you are having difficulty verifying coverage for our office visits, we can help to obtain this information.
4. If our physician and providers do not participate in your insurance plan, payment in full is expected from you at the time of your office visit. If you have no insurance, payment for an office visit is to be paid at the time of the visit. We do not want cost to be a barrier to your care, and we do offer payment plans.
5. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. For any balance not covered by your insurance, you will be billed by paper invoice. This amount is due within 30 days of invoice date.
6. Any balance over 120 days will be forwarded to a collection agency.
7. We request 24-hour notice for canceling any appointments. There is a \$20 charge for no-shows without notice/explanation.
8. A \$25 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
9. We may charge a fee per patient to copy or transfer medical records in excess of 10 pages, at a rate consistent with state and federal laws.

I have read and understand this financial policy of Coraggio, LLC D/B/A Mobile Health Team and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name: _____

Signature of Patient or Legal Guardian