

Lenzmeier Family Medicine Payment Policy

Thank you for choosing Lenzmeier Family Medicine. Our practice financial policy is as follows:

1. **INSURANCE:** We participate in most insurance plans including Medicare. If you are not insured by a contracted insurance plan, payment in full will be required at the time of visit. If you are insured by a contracted insurance plan, but you cannot provide an up to date insurance card, payment in full will be required at the time of visit. Understanding your insurance coverage is your responsibility. If you have questions concerning your benefits, please contact your insurance company directly. By signing this form you authorize Lenzmeier Family Medicine to release the necessary information in order to complete and process you insurance claims.
2. **CO-PAYMENT AND DEDUCTIBLES:** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. A \$30 processing fee may be added to your account for all co-pays not paid at the time of service.
3. **NONCOVERED SERVICES:** Some or perhaps all of the services that you receive may not be covered by your insurance policy. These services may be considered unnecessary or cosmetic in nature by the insurance company. Therefore, I agree to pay in full for any services which have been determined by my insurance plan to be “non-covered.”
4. **CLAIMS:** We will submit your claims, in a timely matter, to name and address on the insurance card that you supplied to Lenzmeier Family Medicine. It is your responsibility to update your insurance information with us as it changes. Your insurance company may need **you** to supply certain information before it pays a claim. It is your responsibility to comply in a timely manner with their request.
5. **NONPAYMENT:** If your account is over 90 days past due, you will receive a letter stating that you have 10 days to pay your account in full. Partial payment will not be accepted unless otherwise negotiated. Please be aware that if the balance remains unpaid, we may refer your account to an outside collection agency and you and your immediate family members may be discharged from this practice. If this occurs, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30 day period, this office will treat you on an emergency basis only. Also, a \$30 processing fee will be added to your account if it becomes necessary for Lenzmeier Family Medicine to refer your unpaid balance to an outside collection agency.
6. **MISSED APPOINTMENTS:** You may be charged \$30 for a missed appointment if you do not notify us at least 24 hours prior to your scheduled appointment time. It is important for patients to be able to access their doctor in a timely manner. Therefore, please cancel your appointment at least 24 hours before your scheduled appointment if you cannot make it.
7. **RETURNED CHECKS (NSF):** You will be charged a \$30 processing fee for any personal check returned for nonpayment.

I have read and understand the payment policy. I agree to abide by its guidelines:

Signature of Patient _____ Date _____

Signature of Guardian (if signing for minor) _____ Date _____