EXECUTIVE
MEDICAL CLINIC
of Lake Charles

Patient Name: _____ **DOB:** _____

FINANCIAL POLICY

Our office will file your claim if proper proof of coverage is provided to us at the time of your visit. Your insurance coverage is a contract between you and your Insurer and, although we will make every reasonable effort to assist you in getting your claim paid, *any charges incurred are ultimately your responsibility.* If you disagree with the payment made by your insurance carrier, please contact them directly to discuss those concerns. Occasionally, your Insurer may send you a questionnaire that must be answered before they will process your claim. Please respond to any correspondence promptly in order to expedite your claim payment. *You are responsible for informing staff of any insurance changes.* You will be expected to present current insurance information at each visit. If you have changed insurances, you must provide a copy of your new card.

- **Copayments:** Copayments are due at the time of service and are collected upon arrival or check-out.
- **Deductibles and Coinsurance:** Deductibles and coinsurance are due at the time of service and collected upon arrival or check-out. We will estimate these amounts as closely as possible. Should an overpayment occur, if will be refunded to you after all outstanding claims and balances have been paid.
- **Outstanding Balances:** If you have an outstanding balance at the time of our appointment, be prepared to pay it when you check in.

FORMS OF PAYMENT ACCEPTED

- **Cash** or **Money Order**
- **Checks**
- **Credit cards**: Visa, MasterCard, Discover, American Express
- **Health Savings Reimbursement Credit Cards**: If you have an HAS or HRA card from one of the above vendors, we can accept this just like a regular credit card, as long as there are funds in the account for processing.

NO SHOW POLICY:

- A **$25 NO SHOW FEE** will be assessed for missed appointments or for failing to give our office a 24-hour notice of the need to cancel a scheduled appointment.

  A courtesy reminder call prior to your scheduled appointment will be made, but it is not the responsibility of the office if we are unable to contact you and this does not limit your responsibility under the *NO SHOW* guidelines. These charges are *NOT* billable to your insurance and will ultimately be the responsibility of the patient. All *NO SHOW* charges will need to be paid before your next appointment with the physician.

Thank you for entrusting us with your medical care. Please let us know if you have any questions or concerns.

I have read the Financial Policy of Executive Medical Clinic of Lake Charles. By signing this document, I am stating I understand and agree to abide by the policy guidelines.

_____ _____

Signature of Patient or Responsible Party Date