

# MIDTOWN SPORTS MEDICINE

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## **Financial Policy**

We are committed to meeting your health care needs with the highest quality of care. In order to keep financial arrangements as simple as possible, we have implemented the following guidelines:

1. You are ultimately responsible for payment of charges for services you receive from our office. Any payment not honored by your bank may result in a \$25.00 returned check charge being added to your account.
2. It is your responsibility to provide us with your current address, telephone number and insurance information at each visit.
3. If you are unable to provide us with current insurance information, you will be required to pay for any services you receive until you have given us the information.
4. It is your responsibility to contact your insurance carrier to confirm that our office participates in your plan. If you receive services from our office and we are not on your plan, you will be responsible for the full fee(s) for that date of service.
5. If your plan requires a referral, it is your responsibility to obtain this prior to being seen by the doctor. It is not the responsibility of the office staff to obtain a referral for you. If a referral is not on file in our office on the date of your visit you will be responsible for the full fee(s) for that date of service.
6. All co-pays are due at the time of service. A \$25.00 service fee may be charged for failure to pay the co-pay at the time of service.
7. All medical records request must be submitted in writing and received in our office three (3) work days prior to the date needed and require your signature and the complete name and address where the records are to be mailed. We will fax five (5) pages or less provided the fax number is provided with your request.