

## Statement of Financial Policy

Welcome to the ADD/ADHD Diagnostic & Treatment Center, PA. In order for our medical staff to be able to deliver the quality of care that you are accustomed to: we have established our financial policies. The following is a list of guidelines that are necessary in order to continue to provide high quality care and make your visit as pleasant as possible.

### **PLEASE READ ALL INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW.**

1. We request at your initial visit: A copy of your valid Drivers License and a copy of your current valid insurance card. If you have moved or are new to the area and your current address is not reflected on your Drivers License, we will then require a copy of your most current utility bill or other bill which reflects your new residence address.
2. We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance.
3. If you have a change of address, telephone numbers, e-mail or employer, please notify the receptionist.
4. We will collect your deductible, co-payment, or charge for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. WE accept cash, checks, Visa, Master card, Discover and American Express. An NSF fee of \$35 will be assessed on any check returned for insufficient funds.
5. If we do not participate with your insurance company, you will be expected to make payment in full at the time service is rendered unless prior arrangements have been made.
6. If your insurance denies our charges or does not pay us in a timely manner, or if your account becomes delinquent we reserve the right to refer your account to a collection agency and be reported to the credit bureau. Additionally, we reserve the right to send any balance under \$10,000 to the Small Claims Court if deemed necessary.
7. Effective August 1, 2009 There is a minimum billing fee of \$25.00 or 12% APR, whichever is greater, for account balances due beyond 30 days. We will assess a 1.50% monthly interest charge on unpaid balance over 60 days old.
8. SELF-PAY PATIENTS: Patients with no insurance will be expected to pay at the time of service. If you will not be able to pay in full; you must contact our billing department prior to seeing the doctor and/or NP, PA, MA or other medical staff, to make payment arrangements.
9. Your insurance is a contract between you, your employer and the insurance company. We are not a part to that contract. It is very important that you understand the provisions of your policy. We cannot guarantee payment of all claims. If your insurance company pays only a portion of the bill or rejects your claim, any contact or explanation should be made to you, their policy holder. Reduction or rejection of your claim by your insurance does not relieve you of your financial obligation.

Remember, whether you do or do not have insurance, you are ultimately financially responsible for payment of your charges. If you have any questions regarding our financial policy, please contact our billing department at 972.943.0410.

I have read and have a full understanding of the financial policy of The ADD/ADHD Diagnostic & Treatment Center.

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