



ADVANCED INTERNAL MEDICINE PRACTICE

AIM for better health

Financial Policy

It is the policy of this office to help keep health care costs as low as possible. In order to do this, we need to keep out billing costs to a minimum.

Patient Responsibility:

- Bring your insurance card to **every** office visit
- Copay and deductibles are due at the time of service, or if you do not have insurance be prepared to pay visit in full

Patient Financial Responsibility:

- **\$15 late fee will be added to account if copays are not paid at time of service**
- \$35 fee for any checks returned for insufficient funds
- \$10 fee for printout of any ledgers (i.e. account history, payment history, etc.) fee is due prior to receiving the ledger.
- \$25 fee for after hour or weekend visits
- \$35 walk-in fee
- \$7 fee to fill out any health forms (i.e. school, camp, sports, etc.)
- \$25 fee for FMLA form
- \$10 per letter for medical necessity letters
- \$5 administrative fee for rushed requests on letters, forms, or any other documents.
- Monthly statements are billed and/or emailed out for balances, which are due within 14 days of the statements date. If you have disputes, concerns, or questions contact the billing department immediately.
- **\$25 fee for all missed/no show or if the appointment is not cancelled within 24-hour notice. At the third incident, a \$50 fee will be incurred and the practice may choose to dismiss you as a patient.**
- To request/transfer records there is a \$25 fee for the first 20 pages, and 50 cents for each additional page, in addition to mailing or delivery fees. There is a \$15 fee for executing affidavits.

I have read the above financial policy for Advanced Internal Medicine Practice and I agree to the terms and conditions listed. I understand that I am financially responsible for ALL charges.

Print Name _____

Date: _____

Signature _____