

Office & Financial Policy

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Office & Financial Policy is important to our professional relationship. Please ask if you have any questions about our office, fees, financial policy or your responsibility.

- ❖ **All Patients MUST complete our “Patient Information Sheet”**
Please make sure to let us know of any changes in your address, phone number or insurance so we can update our records and keep them current.
- ❖ **TRINITY MEDICAL is a group practice comprised of physicians and mid-level providers.** It is our expectation that **ALL PATIENTS** willingly agree to be treated by all providers in our practice, based on provider availability and medical need. This is vital to ensure proper and expedient medical care. If you are unwilling to follow this policy, you may be asked to establish with a practice that better meets your needs and expectations.
- ❖ **Full Payment/Co-Pays are due at the time of service.**
If this is not paid at that time, an additional \$5.00 service fee will be charged.
- ❖ **We accept cash, VISA, MASTERCARD, DISCOVER and checks.**
Returned checks will be assessed a \$20 returned check fee.
- ❖ **We do not accept Worker’s Compensation.**

Regarding Insurance

If you have insurance, we will help you receive maximum benefits. However, INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. PLEASE KNOW YOUR PLAN PRIOR TO SERVICES BEING RENDERED. We will inform you if we participate with your insurance company, and will handle your claims according to our agreement with them, if one exists. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc. other than to supply factual information as necessary. CURRENT REFERRALS ARE YOUR RESPONSIBILITY. If your plan requires a referral and you are going to see a specialist, please call our office prior to your appointment for your referral.

If you have insurance with a plan we do not accept please let us know if you will be transferring to another practice or staying and assuming full financial responsibility for all healthcare costs.

Regarding Appointments/Missed Appointments

Appointments may be made once you have listed one of the physicians as you primary care physician. If you are seen by our physician and have not changed your listing with your insurance company, you will be charged and expected to pay for the full office visit.

Please give 24 hours notice if you cannot keep an appointment. Failure to do so will result in a \$50.00 charge to your account. If three appointments are missed without notification, you will be dismissed from the practice. It is important to be punctual for your scheduled appointments, if you are later than 15 minutes for your scheduled appointment, your appointment will be rescheduled.

Please help us to control health care costs by keeping scheduled appointments.

Print Name

Patient Signature/Representative

Date