

Payment Policies

We would like to thank you for choosing Trinity Medical, WNY as your healthcare provider. We are committed to providing you with the best possible medical care and make every effort to keep down the cost of this medical care. The following information outlines your financial responsibilities related to payment for your care.

Accepted Insurance plans: Please contact your practice directly for accepted Insurance plans

Copays/Deductible/Co-Insurance:

We are contractually obligated to report visits to an individual's insurance provider. When the insurance processes these bills, they charge all out of pocket expenses (copay, deductible, and co-insurance) based on the individuals policy contract which we are obligated to collect. We will collect these payments due at time of service. For your convenience we accept Visa, MasterCard, Discover, personal checks and cash. If you do not have your payment at time of service, your appointment may be rescheduled.

Patient Balances:

Any patient balance that remains unpaid after ninety (90) days may be transferred to a collection agency and/or attorney to possibly pursue legal action. You agree to be responsible for amounts owed to our practice as well as any fees assessed by the collection agency and/or attorney costs for legal proceedings. These collection agency and/or attorney fees will be added to any unpaid delinquent balance. Payment plans are available and can be arranged.

Other Administrative Fees:

No-Show/Cancellation less than 24 hours – Missing an appointment or failure to cancel within 24 hours prior to your appointment will result in a \$25 fee.

Disability Forms – There will be a \$10.00 administrative fee for disability form completion.

I have read, understand and agree to the above financial policy of Trinity Medical, WNY regarding payment for my medical care.

Printed Name _____

Signature _____

Date _____ Account # _____