



FORM #FD8.2.3

## **Appointment, No Show & Financial Policy**

We are committed to providing the best treatment for our patients. Please understand that payment of your bill is considered part of your treatment. The following is a description of our appointment and financial policy, which we require you read and sign prior to any treatment.

### **Policy**

Our office accepts cash, personal checks up to \$200, cashier's checks, debit and credit cards, CareCredit®, and Lending Club®. All payments must be received in full within 30 days from receiving your first billing statement. A service fee of 0.75% will be assessed on all past due accounts per month. At 120 days past due, your account will be turned over to our collection agency. Any collection fees, court costs, reasonable attorney fees, or returned check fees are the responsibility of the adult person(s) named on the account. You will be unable to schedule further appointments with us until you have contacted them to make payment arrangements and actively make consistent payment. You may receive bills from other entities such as: Hospital, assistant surgeons, anesthesiologist, pathologist, radiologist, and diagnostic laboratories. We do not know what these charges will be.

### **For Patients with Insurance**

We will bill your insurance as a courtesy. Please provide us with your correct/current insurance information. Your insurance policy is a contract between you and your insurance company. Confirmation of eligibility and/or pre-authorization by an insurance coordinator does not guarantee payment to the provider. Please be aware that some services provided may not be fully covered. Please check with your insurance company and confirm your coverage and benefits to find out if there are any exclusions in your policy. You will be responsible for any outstanding co-pays, coinsurance, and deductibles, and any fees that your insurance does not cover.

### **Medicare Patients**

We do not accept Medicare at this time.

### **Self-Pay Patients**

Patients without insurance coverage will be required to pay in full at the time of their office visit. Payment for any surgical services is required 14 days prior to procedure. All cosmetic payments are due at the time of service.

### **Surgery Fees**

Your co-insurance (patient responsibility) is due within 30 days of claims processing. You will be required to sign our credit card authorization form prior to surgery to ensure payment in full is received. We do not offer payment plans. If you have any billing questions, please contact our billing office.

### **Non-Covered Charges**

Any charges not paid by your insurance carrier will require payment in full at the time services are provided or upon notice of insurance claim denial.

### **Cancellation of Appointments**

We urge you to keep your scheduled appointments whenever possible. In fairness to other patients and the provider, we require at least 24-hour notice for cancellation and/or rescheduling. Your early cancellation allows us to offer your appointment time to another patient needing medical care. If you are late for an appointment, we will do our best to



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work you back into the schedule, but we cannot guarantee you will be seen, and you will need to reschedule. If you miss your appointment or cancel any time the day of your appointment(s), NWWC reserves the right to bill you according to the no show policy below. This charge is not billable to insurance and will be your responsibility. We do recognize that on a rare occasion those emergencies may arise beyond your control. Therefore, we will address these situations with you should that occur.

**\*\*Please note:** if your appointment is scheduled with a surgeon, they may be called out for an emergency, in which case your appointment will need to be rescheduled. In these instances, we will make every effort to notify you as soon as possible and you will not be charged a fee for appointment cancellation.

**No Show / Late Cancellation Policy**

A "No Show" is a patient who misses an appointment(s) without canceling it in advance. "Late cancellation" is someone who cancels less than 24-hours in advance. We may charge a \$50 fee per appointment missed to patients who do not arrive or call in advance to cancel their scheduled appointment(s). Patients who "No Show" three times in a 12-month period may be dismissed from the clinic.

If you have any questions regarding these policies, please direct them to the practice administrator. We thank you for working with us to ensure that we are able to provide the best service possible in a timely matter to all of our patients.

**ASSIGNMENT OF INSURANCE BENEFITS** - Patients with insurance coverage agree to the following:  
I hereby assign all medical and/or surgical benefits, including major medical benefits to which I am entitled, private insurance, and any other health plans, to Northwest Weight & Wellness Center. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is valid as the original. I understand that I am financially responsible for all charges whether or not they are paid by my insurance carrier. I hereby authorize said assignee to release all information necessary to secure the payment.

I have read, understood, and agree to the above financial policy for payment of the fees. I understand that I AM ULTIMATELY RESPONSIBLE FOR ALL FEES FOR SERVICES PROVIDED TO ME.

\_\_\_\_\_  
**Printed Name of Patient**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**