



CREDIT POLICY

Please read and sign the following policies and procedures of our office regarding the collection of any account balances.

Procedure

1. We require payment at the time of service for all co-pays and current account balances.
2. If you have insurance, we will submit a claim to your insurance company after your appointment. Once your insurance claim has processed, your ledger will reflect any remaining account balances.
3. If you do not have insurance, we require at least 50% of your visit be paid at the time of service. We offer a 10% discount on office visits if you pay the full amount at the time of service. We do not offer a discount for any labs.
4. You will receive a monthly statement reflecting any balance on your account. Any balances owed must be paid within 30 days. Once an account balance is over 60 days past due, interest will incur on the entire account balance every 30 days.
5. It is your responsibility to have a current address and phone number on file with our office to receive statements.
6. If your account is 120 days past due, you will be sent a letter warning you of your delinquent account. If your account balance is not paid in full by the date specified in the letter, your account will be turned over to a collections agency. Once your account is turned over to a collections agency, we will cover any emergency care and refill prescriptions for 30 days. After 30 days, you will no longer be a patient in our office.
7. We recommended that you keep and learn to read the explanation of benefits (EOB) you receive from your insurance company regarding your medical claim payments. If you have any questions regarding your statement or your EOB, we are happy to help.

Other Fees and Policies

1. _____ We require 2-business days notice to reschedule or cancel an appointment. Unless you have an emergency, *(Initial)* there is a \$200.00 fee for missed physicals and new patient appointments, a \$100.00 fee for all other appointments including acupuncture and nutrition, and a \$50.00 fee for missed group office visits. As a courtesy, we will try to contact you two business days prior to your appointment, but it is your responsibility to keep track of your appointments.
2. _____ If you are paying through a Health Savings Account (HSA) or Flex Spending, payment is still due at the time of *(Initial)* service and you are responsible to pay your account balance within 30 days of receiving a statement. When we take your payment in office, we can give you a receipt to send to your HSA or Flex Spending to seek reimbursement. We are able to run most HSA cards in our office.
3. There will be an additional \$25.00 charge for all returned checks.
4. If you need a copy of your entire chart, there is a minimum \$25.00 charge and all of your information will be copied to a disc. We do not charge for current labs or recent notes needed by other physicians. Please allow 30 days for your chart to be copied.
5. Any fees incurred other than office visits and labs cannot be billed to your insurance.

Financial Responsibility

_____ I understand that I am financially responsible for the payment of medical charges incurred on my behalf with any *(Initial)* medical provider at Functional Medicine of Idaho regardless of third party coverage.

I have read and understand this policy.

Patient

Signature

Date

Responsible Party Signature (if under 18)

Date

Revised 05/23/2016