



Mary Bell Vaughn, MD

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Patient Financial Policy

In order to take preventative measures and help reduce misunderstandings; we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our office manager. Unless other arrangements have been made in advance by your health insurance carrier:

- All co-pays and deductibles are due at the time of the visit.
- Additional financial responsibility may be determined after your insurance has processed your claim.
- For your conveniences we accept Visa, MasterCard, Discover, American Express, Cash and Checks.
- Checks returned for NSF will incur a \$30.00 fee which will be added to our account balance.

Patient Insurance

We have made prior arrangements with many insurers and health plans to accept assignment of benefits. This means that we will bill those plans for which we have an agreement, and will only require you to pay the authorized copayment at the time of service. Our office policy is to collect this co-payment when you arrive for your appointment, or you may be subject to a finance processing fee \$10, for charging your required co-payment. If you have insurance coverage with a plan that we do not have a prior agreement with, we will prepare and send the claim for you on an unassigned basis. This means that your insurer will send the payment directly to you. Consequently, the charges for your care and treatment are due at the time of service. In the event that your health plan determines a service to be "not covered," you will be responsible for the complete charge. Should any test performed result with any abnormalities, additional testing may be required-and will fall under the patients' responsibility for those charges.

Minor Patients

For all services rendered to minor patients. We will look to the adult accompanying the patient and the parent or guardians with custody for payment.

All patient under the age of 18 will not be seen without a parent or guardian present/or without signed consent form.

Self-Pay Patients

For all services rendered to patients without insurance or proper proof of insurance, a self-pay discounted charge will be applied to your account. Payment is due at the time of services rendered unless previous arrangements have been made with the billing office. Should any test performed result with any abnormalities, additional testing may be required-and will fall under the patients' responsibility for those charges. Payment is due upon receipt of all statements from our office.

Account Balance

All patient balances must be paid in full when statement is received. Failure to pay a minimum of 20% of the statement balance will make your account subject to collections with the collection agency of Vineville Internal Medicine's choosing. If your account is turned over to collection agency, you will be responsible for the collection fee of 40% that the agency charges. Any other fees incurred pursuing with the courts will also be your responsibility.

- In the event that your account is sent to collections, you will be **dismissed** from the practice for lack of payment.

Patient Agreement:

I have read and fully understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that the practice may amend such terms from time to time.

Patient Name Printed: _____ DOB: ____/____/____

Patient/Responsible Party Signature: _____

Date: ____/____/____