

Office and Financial Policies

Welcome and thank you for choosing United Regional Physician Group for your health care needs. We look forward to serving you and strive to provide you with the highest quality of care. Please carefully review the following information as it is intended to serve as your guide to a smooth and productive visit.

Initial _____ Insurance: When making an appointment with one of our physicians, it is your responsibility to confirm with your insurance company that the physician is currently under contract with your plan. If your plan requires a referral and you or your provider does not provide one by the scheduled appointment time, please be prepared to pay for your visit in full or reschedule.

We do not file third party insurance (i.e. auto insurance, home insurance or school insurance).

Initial _____ Late Arrivals: We do our best to keep to the appointment schedule. When a patient arrives late, it is very difficult to stay on that schedule. If you arrive more than 10 minutes past your scheduled appointment time, you may be asked to reschedule for the consideration of other patients.

Initial _____ Check-In: Your time is very important to you and us. The first step in keeping your appointment on time is being prepared. This includes completing the required paperwork prior to your first appointment. This allows us to create your chart and account prior to your visit. Please arrive 10 minutes before your scheduled time so that all forms may be completed before you see the physician. Although we verify your benefits before your initial appointment, you will be asked to present your current insurance card and a valid ID in order to verify your identity. This will help ensure all information is entered accurately and will prevent errors in filing your claims. **All Copays will be collected at the time of check-in. Patients without insurance coverage are required to pay minimum deposit of \$125 at time of check-in or to establish a payment arrangement in advance of the visit.**

Initial _____ Check-Out: Please note that payment for all copays and deductibles is due at the time of service. Typically, only an Office Visit charge is covered by your copay and any additional services or treatment are subject to your plan's specific details.

Initial _____ Non-Covered Services: An *Insurance Waiver* may be required to acknowledge understanding of your responsibility to pay for non-covered services, depending on your plan. If your visit is for non-covered services, please be prepared to pay for the visit in full.

Initial _____ No-Shows and Late Cancellations: We require a 24-hour advance notice if you must cancel your appointment. For your convenience, we offer appointment reminder calls 48 hours prior to your appointment, which will allow you to cancel or reschedule at that time. **Please note that you may be dismissed from the physician's practice for excessive no shows or cancellations.**

I have read, understand and agree to the above office and financial policies.

Patient Name: _____ **Date:** _____

Patient Signature: _____