



**Appledore**  
MEDICAL GROUP  
Financial Policy

**Thank you for choosing us for your healthcare needs. Our goal is to provide and maintain a good physician-patient relationship. The following is our Financial Policy, which we ask you to review and sign prior to your first visit.**

**General Information**

Your co-payment, deductible, coinsurance, or payment in full is due at time of service. We accept cash, check, American Express, Discover, MasterCard, and Visa. **Initial** \_\_\_\_\_

**Regarding Insurance**

Appledore providers participate in a wide variety of managed care plans. We are happy to bill your health insurance carrier as a courtesy to you. We suggest that all patients review their health coverage with their carrier prior to receiving services or treatment. It is the responsibility of the patient to notify us of any changes in the insurance policy. Your insurance policy is a contract between you and your insurance company and the Appledore staff will not know the terms of your insurance policy. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurances. The patient/financial guardian will be responsible for any remaining balances. Additionally, it is your responsibility to obtain and track referrals for your visits.

**Initial** \_\_\_\_\_

**Self-Pay Patients**

Patients without health insurance are expected to pay at time of service. As a courtesy to these patients, we offer a 35% discount to most of the services rendered. If you are unable to pay the full balance at time of service the remaining balance is expected upon receipt of your first statement.

**Initial** \_\_\_\_\_

**Payment Arrangements**

Appledore Medical Group can work out a payment plan for outstanding balances owed under certain circumstances of financial hardship. We are willing to meet with you to discuss your situation and try to work out a plan that will meet both your needs and the needs of Appledore Medical Group. Please consult with one of our billing staff for further information.

**Initial** \_\_\_\_\_

**Worker's Compensation**

Appledore will bill your employer's worker's compensation insurance carrier and follow all other procedures as required by the states workers compensation laws. As the patient, it is your responsibility to notify us prior to the visit that it is a work related case and to provide us with the appropriate worker's compensation policy information.

**Initial** \_\_\_\_\_

**Automobile and Other Liability Cases**

Due to State laws surrounding auto insurance payments, as well as payment delays, Appledore regrets that it may not be able to bill third party administrators in liability cases. In addition, we cannot suspend our normal billing and collection process when services are rendered. Your health insurance carrier or the guarantor will be billed for services.

**Initial** \_\_\_\_\_

**Returned Checks**

There will be a \$25 returned check fee on all returned checks. In the event that a check is returned for insufficient funds, we reserve the right to call your bank to verify funds for any future checks that are presented for payment on your account.

**Initial** \_\_\_\_\_

**Missed Appointments**

Unless cancelled at least 24 hours in advance your appointment could be considered a no-show. Our policy allows us to charge up to \$25 for these types of missed appointments. Please help us serve you better by keeping your scheduled appointments.

**Initial** \_\_\_\_\_

**Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. I have read, understand, and agree to this Financial Policy:**

**Patient Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Patient/Responsible Party Member's Signature** \_\_\_\_\_

**Responsible Party Member's Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_