

WISDO FAMILY MEDICINE

James John Wisdo, D.O., P.A.
Christine A. Kogoy, PA-C

FINANCIAL POLICY

As your physician, we are committed to providing you with the best possible medical care. In order to achieve this goal, we need your assurance, and your understanding of our payment policy.

PAYMENT FOR SERVICES IS DUE AT THE TIME SERVICES ARE RENDERED

We accept cash, personal checks, Master Card, Visa. Returned checks are subject to a service charge of \$30.00 or 5% of the face value of the check.

FILING INSURANCE

The office will file all insurance claims as a courtesy, even if not a contracted provider. I understand that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowance for certain procedures, and others pay a percentage of the charge. I understand it is my responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by my insurance or third party payer at the time services are rendered.

We must emphasize that as your medical providers, our relationship and concern is with you and your health, not your insurance company. **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICE IS RENDERED.**

Any balances over 60 days, may be turned over to an attorney and or collection agency. If the amount is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fee and costs of collections.

MINOR PATIENTS

For all services rendered to minor patients, the adult accompanying the patient is responsible for payment in full at the time of services, regardless of who is legally responsible. All minors must be accompanied by a parent or legal guardian unless prior arrangement for another party to be present or children older than 12 to be seen alone has been made in writing by a parent or legal guardian.

SCHEDULED APPOINTMENTS

Appointments are scheduled every 15 minutes for an established patient, therefore, for the consideration of other patients please arrive 10 minutes early for your appointment. We require 24 hours notice for appointment cancellation. Any missed appointments are charged \$25.00. Patients who do not cancel appointments will be discharged from the practice after the third no-show.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you.

MEDICAL RECORDS

Medical records may be released with a signed consent from the patient only and may be charged \$1.00 per copy, up to \$25.00 and .25 cents for each copy thereafter. There is also a \$30.00 charge for the completion of medical forms (i.e. FMLA, Medical Authorization, and Forms for Supplies).

I have read and understand the policies of the practice. I understand and agree that such terms may be amended from time-to-time by the practice.

Print Name of Patient

Signature of Patient/Parent

Date

James John Wisdo, D.O.

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