

Linzi L. Stewart D.O. PLLC

FINANCIAL POLICY

Our office is committed to providing quality and cost-effective healthcare to our patients. It is essential that you understand what services are covered by your insurance plan and obtain all authorizations prior to your appointment. Your doctor may recommend services she feels are beneficial but may not be covered by insurance. It is your responsibility to understand the limit and restrictions affecting coverage for these services. ***If your insurance company requires you to use a specific lab, it is your responsibility to notify us of this.*** Insurance reimbursement is a contract between you and your insurance company. As a courtesy to you we file all claims for you. We will require a current copy of your insurance card in order to do this and will need to be informed of all changes in insurance status. You will be responsible for all co-pays, deductibles, co-insurance amounts. Payment for services is expected at the time of service. Patients who do not have insurance coverage (or proof of coverage) are expected to pay in full at the time of service.

Signature: _____ Date: _____

INSURANCE/BILLING INFORMATION

I authorize treatment and agree to pay for all fees associated with such treatment. I authorize my insurance benefits to be paid directly to my physician. I authorize my physician to release any information required to obtain reimbursement.

Signature: _____ Date: _____

NO SHOW POLICY

I am aware that if I fail to appear for scheduled appointments and fail to cancel appointments twice within a 6-month time-frame, my account will be assessed a \$50.00 fee for which I will be responsible for paying prior to scheduling another appointment. If you No Show for a scheduled surgery, there will be a \$250.00 cancellation fee. If you No Show for a scheduled Ultrasound appointment, you will be responsible for a \$50.00 charge. Please be mindful that when we schedule your appointment, we reserve this time to meet your medical needs. We ask that if you need to cancel an appointment, it needs to be done no less than 24 hrs prior to your scheduled appointment time.

Signature: _____ Date: _____

PREVENTATIVE CARE SERVICES

Your health plan may not provide benefits for preventative services. It is important you determine if your plan offers benefits for this service and their guidelines for it. We use industry standard codes and guidelines to submit insurance claims based on the encounter and documentation in the medical record. Current laws regarding fraud/abuse with billing procedures prohibit us from changing the procedure and/or diagnosis codes to get the claim paid by the insurance company.

Signature: _____ Date: _____