



FINANCIAL POLICY

We are doing everything possible to hold down the cost of patient care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our payment policy.

PAYMENT IN FULL IS EXPECTED AT THE TIME OF SERVICE Unless your practitioner is a preferred provider on your insurance plan

Village Health accepts cash, personal check (in-state only), VISA, MasterCard, Discover and American Express. There is a \$25 service charge for returned checks.

INSURANCE: We bill your primary insurance company as a courtesy to you. You are expected to pay in full at the time of service. As a service to you, our customers, we will submit an insurance claim to your primary insurance company with the reimbursement to come directly to you. You are responsible for filing with your secondary insurance company after receiving notice from your primary about what is covered.

At the time of service you will receive a receipt that includes all the information necessary for submitting claims to your insurance company for yourself.

If you need assistance or have questions, please contact the front office between 9:00 a.m. and Noon or 2:00pm and 6:00pm, Monday through Friday at 684-3988. Appointments are available for detailed financial consultation when necessary.

EXCEPTION: Jennifer Hess, DC and Mary Ann Petersen, LAc are preferred providers on a few insurance plans. If you receive services from a practitioner who is preferred provider on your insurance plan, we will accept your co-pay and bill your primary insurance the balance.

REFUNDS: Overpayments will be refunded upon written request to the responsible party within 30 days.

MISSED APPOINTMENTS/LATE CANCELLATIONS: Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for missed or late-canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

PAST DUE PAYMENTS: Any past due payment will be charge a 1.5% late fee per month or partial month. Accounts more than 90 days past due will be sent to collections.

I have read and understand the Village Health Financial Policy. I agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I will also be responsible for the fee charged by the collection agency for costs of collections.

Signature of responsible party: _____ Date: _____