YourMD

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OFFICE/PATIENT POLICIES

Thank you for choosing YourMD. We are dedicated to your successful treatment and will strive to provide you with the best medical care possible. Please understand that payment of your bill is considered part of your treatment. The following is our financial policy and we ask for your understanding and cooperation.

Divorce Decrees: This office is NOT a party to your divorce decree. Adult patients are responsible for their bill at time of service. The responsibility for minors rests with the accompanying adult.

Minor Patients: The adult accompanying a minor on the initial visit will be responsible for full payment. For unaccompanied minors on the initial visit, non-emergency treatment will be denied. We must have written authorization on file in order to treat a minor patient who comes in alone or is accompanied by someone other than a parent. The appointment will be cancelled if we do not have this authorization on file.

Payment for Services Performed: Our office accepts checks, cash, debit cards, MasterCard and Visa. Any outstanding balances are due within 30 days of the statement. Interest for bills not paid within 30 days will be charged at 1% per month unless prior arrangements have been made. If you experience circumstances beyond your control, please call our office and we will be happy to make payment arrangements. All balances reaching 60 days past due will be sent to an outside collection agency. Should your account be sent to the collection agency, you would be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance.

No Call No Show: We run our office on an appointment basis and try to be as prompt as possible and still take care of our patients effectively. There are many times when we have to refuse patients who request appointments because our time is fully scheduled. When patients do not keep scheduled appointments, the time wasted could have served someone else. We require you to notify us 4 hours prior to your scheduled appointment if you will be unable to keep it. Of course we understand that emergencies occur and we will work with you in that event.

Returned Checks: Checks returned to us by the bank will be assessed a **$25.00 return check fee** in addition to the original amount of the check. You will have 10 days to clear up the outstanding check. If you do not pay the check plus the return fee in the specified time, the check will be sent to our collection agency. In addition, we will only accept cash or credit card for any future visits.

Medical Records: Copies of medical records are subject to a $.60 copy fee, per sheet.

THANK YOU

We appreciate you taking the time to read and understand our office policies. We welcome the opportunity to discuss any part of it with you. If you have questions, comments or concerns, please do not hesitate to ask our front office staff for assistance. We look forward to a long healthy relationship.

I have read and fully understand the office and financial policies set forth by YourMD and agree to the terms. I also understand and agree that the terms of these financial policies may be amended by the practice at any time without prior notification.

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Signature of Patient and/or Parent/Guardian/Guarantor Date