



# Margolin, Keinarth & Alberda, M.D. Family Health Center

## Financial Agreement

Thank you for choosing Margolin, Keinarth & Alberda, M.D. as your health care provider. We are committed to the success of your treatment. Please understand that the payment of your bill is your responsibility. The following is a statement of our Financial Agreement, which we require that you read and sign prior to any treatment. All patients must complete our "Patient Information Form" before being seen at our office.

### Payment for Services:

By signing below, you agree to pay us for all services we provide. Payment is due in full at the time of service, unless you have insurance. If you have insurance, your co-payment, co-insurance, and/or deductible (whichever is applicable) is due in full at the time of service. If we do not receive your payment at the time of service, you will need to reschedule your appointment or an additional **\$25.00** administrative fee will be charged.

### Regarding Insurance and Claim Submission:

Margolin, Keinarth & Alberda, M.D. will submit all insurance claims in compliance with our direct contracts with the insurance companies. While the providers do hold direct contracts with many insurance companies, it will always be the patient's responsibility to know their own benefits and what the insurance company will cover annually. In addition, the patient is responsible for the deductible, co-insurance, and/or co-pay at the time services are provided. When payment is received from the insurance company for services, there may be a portion of the bill considered non-covered, and this may fall under your patient share portion per the explanation of benefits.

If the insurance company requests information, the patient is responsible to provide all information to the insurance company to expedite the processing of the claim. All charges pertaining to the requested information will become the patient's responsibility, until the insurance company receives needed information to process the claim. The provider cannot update the insurance company's requested information on the patient's behalf; the policyholder of the insurance must complete this.

### Worker Compensation:

We do not accept workers compensation cases, but we will provide you with the name of a workers compensation doctor if you require one.

### Minor Patients:

The adult accompanying a minor or the parents (or guardians) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless the minor has written permission for treatment and charges have been pre-authorized to an approved Visa/MasterCard/Discover Card or payment will be made by cash or check at the time of service.

### Missed Appointments:

A charge of **\$45.00** may be charged for missed appointments for a scheduled physical or procedure if it is not cancelled with at least a **24-hour notice**. Missing 3 (three) appointments could lead to dismissal, in which case you will no longer be served by our practice.

I have read this Financial Agreement. I understand and agree to its terms.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name