

SANDRA MARGOLES MD

Office Billing Policy

1. Patient or guardian is required to provide our office with accurate up to date insurance information. Failure to do so results in delayed insurance filing and may lead to denials of insurance payments. If insurance denies payment due to inaccurate information provided, you will be responsible for all Incurred charges.
2. Our office participates DOES NOT participate in most insurance plans. As a courtesy to you, we will bill your insurance company for covered services. If we do not participate in your insurance plan, all fees are payable on the date of service.
3. You are responsible for any deductibles, coinsurance or services not covered by your insurance company.
4. Most insurance companies require co-payments to be paid on the date of service. Those not paid at time of service will be charged a \$20 late fee.
5. All unpaid balances over a 60 day period will be charged an annual interest rate of 15%.
6. Appointments must be cancelled with 24 hours advance notice. Failure to do so will result in a \$50 no show fee. In case of emergencies, please contact our office.
7. Services that are performed that are paid with a credit card, debit card or with financing are not eligible for post-care payment challenges. The practice encourages a complete post-op care and follow-up interaction to address any issues that might arise. I agree that his credit, debit card or financing challenge agreement is irrevocable.

Thank you for your consideration and understanding.

Patient/Guardian Signature: _____ Date: _____

11/2012