kuhar medical

Internal Medicine • Cosmetic Services

FINANCIAL POLICY

Patient's Name: _____

Thank you for choosing as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment.

- **All patients must complete our Information and Insurance forms before seeing the doctor.**
- **FULL PAYMENT OF PATIENT RESPONSIBILITY IS DUE AT TIME OF SERVICE.**
- **We accept cash, checks, money orders, and credit cards.**
- **Insurance cards must be presented at initial visit, or patient will need to reschedule.**
- **All copays, deductibles, and payment of non-covered services are due prior to treatment.**

Regarding Insurance:

Non-Participating

Payment for services is due at the time the services are rendered unless payment arrangements have been approved by our billing company. We will be happy to help you process your insurance claim form for your reimbursement. A completed insurance form must accompany any such request at each visit. In special instances, we may accept assignment of insurance benefits. Regardless of any prior arrangements, you are responsible for any out of pocket deductible or co-insurance and these amounts must be paid up front. The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full within 31 days, the balance will be automatically transferred to you.

Participating

Please be aware that some, and perhaps all, of the services provided may be non-covered services. It is our policy not to perform those services unless deemed medically necessary.

Usual and Customary Rates/Non Participating

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed Appointments

Unless canceled 24 hours in advance, unless the cancellation was for an emergency, i.e. hospitalization. Our policy is to charge for missed appointments at the rate of $40 per missed appointment. Please help us serve you better by keeping scheduled appointments.

- I acknowledge full responsibility for services rendered by Kim P. Kuhar, DO, PC.
- I understand that payment of charges incurred is due at time of service unless other financial arrangements have been made prior to treatment.
- I further authorize and request that payments be made directly to Kim P. Kuhar, DO, PC
- If my insurance prohibits direct payment to a doctor, I hereby instruct and direct you to make out the check to Kim P. Kuhar, DO, PC and mail it as follows: 164 W.Main Street, Silverdale, PA 18962
- I have read the Financial Policy, understand it, and agree to the terms of this Financial Policy.

Patients Signature: _____ Date: _____

Print Patients Name: _____