

ISLAND IMAGING

FINANCIAL POLICY

We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff.

Patients are expected to cancel appointments at least 24 hours in advance. A \$100 fee will be charged to your account if you “no-show” for an appointment or if you fail to notify us 24 hours in advance when canceling an appointment.

Payment is due at the time services are rendered unless other arrangements have been made in advance by either you or your insurance company. For your convenience, we accept cash, check, money order, Visa, MasterCard and Discover. This policy applies to all of our patients. Co-payments must be paid on the date service is received. A \$10.00 billing fee will be charged to your account if the co-pay is not paid on the applicable date of service. Patients are responsible for their deductibles or charges not reimbursed by insurance and you will be asked to pay these on the date service is received. As a courtesy we will automatically file your insurance claims, therefore we request a copy of your insurance card at the time of each visit.

Deposits for procedures will be refunded within 30 days after the insurance carrier processes the charge unless you have any outstanding balance to the organization. Deposits will be applied to any outstanding balance.

Patients having health insurance will be expected to contact their insurance carrier for explanation of why your payment may have been delayed or not made. Please understand that insurance is a contract between you and your carrier, therefore, you are ultimately responsible for your bill. If you have difficulty paying your account, please contact the office manager to make payment arrangements.

Island Imaging sends out monthly statements to patients that have personal balances (amounts remaining after your insurance company have processed your claim). If your account is not paid within 30 days after receiving a statement it will be considered past due and you will be charged a finance charge of 1.33% per month until the personal have been paid. In cases of divorce, the parent who brings the child/children in for treatment is responsible for payment: there are no exceptions.

Any check that is returned to Island Imaging unpaid will be sent to Check Care for collection. There will be a fee of 48.00 for any unpaid check.

In the event your account is turned over to a collection agency, a charge equal to twenty-five percent (25%) of the outstanding account balance will be added to your account to cover the additional collection cost and fees.

I have read and understand the financial policy of the practice and i agree to be bound by its terms. I also understand and agree that such terms may be amended for time-to-time by the practice. I authorize the release of any medical information necessary to process my insurance claim.

Signature of Patient or Responsible Party

Date