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☐ **Davis Bronson, MD**
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Phone 509.573.3530 Fax 509.573.353

FINANCIAL POLICY

Thank you for choosing us as your healthcare provider. We are committed to the success of your health care needs; we are also committed to ensuring that the charges associated with your care are handled efficiently and in accordance with the law as established by the office of the Insurance Commissioner for the State of Washington. The following is our financial policy.
Understand first and foremost that treatment is a contract between you and your physician and that payment for services received is a part of that contract. We will not be able to complete our recommended treatment plan unless you understand and sign this form. Should you have any questions, please feel free to contact our office at 509.573.3530.

OFFICE VISITS
Payment in full for your portion of the visit is expected on the day of your appointment. Co-pays, co-insurance and any previous balance due (from prior services) will be collected before you are seen by the physician. We do not bill for copays. We accept cash, check or credit cards (VISA, MasterCard and Discover). **Failure to pay your co-pay or previous balance will result in your appointment being rescheduled.**

REFERRALS AND AUTHORIZATIONS
Because our physicians are specialists we cannot provide services to patients without a referral from their primary care provider. Often, insurance plans will also require a pre-authorization for any specialty care. It is your responsibility to confirm any referral or prior authorization your insurance company may require is in place prior to your appointment. You or your provider can fax the referrals and authorizations to our office at 509.573.3535 or you may bring the paperwork on the day of your visit. **Unfortunately, if the appropriate referral or authorization is not in our office at the time of your appointment, you will be rescheduled.**

HEALTH INSURANCE
We will bill your health insurance company as a courtesy to you. We require that your bring proof of insurance coverage to your appointment. Please remember that your insurance contract is between you and your insurance company and is intended to cover health issues **not related to work injuries or automobile accidents.** You agree to pay any portion of the charges not covered by your benefit plan. NOVA Health, PLLC participates with many local insurance plans. It is **YOUR** responsibility to understand the terms and benefits under your contract and to know if our physicians are participating providers in your plan's network. **IF** we are not a participating provider with your insurance company; our physicians may be considered out–of-network**; in this instance you agree to be responsible for any non-allowed or non-covered charges.**

L & I/WORKERS' COMPENSATION
L & I claims are handled directly with the carrier in close partnership with your claims manager. If you have sustained an injury on the job and have a workers' comp claim, **law prohibits us from billing your private or motor vehicle insurance companies or for accepting any payments from you for your care.** Please ensure that you have all claims information and referrals from your case manager at the time of your visit. Should your claim be denied or deemed non-compensable by the worker compensation carrier, **all charges will be your responsibility and due within 10 days on the denial notification.**

THIRD PARTY PAYORS

If you are being represented by an attorney as a result of an accident or injury and are expecting reimbursement from a third party, please know you are still responsible for the bill at the time services are rendered. **Unfortunately, this office cannot enter into financial arrangements based on prospective third party payments.**

SELF-PAY

If you do not have insurance a non-refundable deposit of $250 is required 48 hours in advance to hold your appointment. This deposit will be credited against your Consultation visit. A deposit of $75 is required for follow-up visits. The appointment will be cancelled or rescheduled if not received.

MISSED APPOINTMENTS

We reserve the right to impose a missed appointment fee unless the appointment is canceled within 24 hours' notice. A fee of $150 will be charged for any new patient appointment and $75 for a follow-up appointment and must be paid **before** another appointment is scheduled. Because this fee is not covered by any insurance plan **it is your responsibility.** Patients who miss their first appointment will not be rescheduled without a call from their referring physician's office.

PAST DUE ACCOUNTS

Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly. If your insurance company has not processed your claims within 90 days, you will be expected to pay any outstanding balance.

Any balance due from you after your insurance has paid in full is due within 30 days from receipt of your statement. If your account has had no payment for 60 days and becomes delinquent and you have not established or met payment options with our office, your account will be turned over to a collection agency/ or credit bureau and the fact that you have received treatment at our office may become public record. You will be responsible for all collection costs which may incur on your account.

RETURNED CHECKS

There is a $25 fee on any check returned by the bank. Any additional fees associated with a returned check will be your responsibility.

I have read, understand and freely agree to the contents and terms of this notice. A copy of this agreement has been given to me for my records. _____ (Initial)

I attest to having provided accurate and current information regarding my insurance coverage. _____ (Initial)

Patient Name: ____

Patient or Responsible Party Signature: ____ Date: _____________