

FINANCIAL POLICY

Elizabeth deSchweinitz, M.D., Dwayne Trujillo, M.D., Johnna Kohl, M.D.
4001 Dale St. Ste 201, Anchorage, AK 99508
Please note that each provider is a separate entity

It is our goal to provide excellent medical care in a cost effective manner. Our financial policies have been created to help keep the cost of your medical care down. As a COURTESY to our patients, we will bill your insurance for your care. However, you are ultimately responsible for any outstanding balances.

Payment at the time of service is expected

Payments for services can be made by cash, check, Visa, MasterCard, or American Express. Patients who are here for their first visit are expected to pay in full for services unless prior arrangements have been made with our billing office. We do our best to include all charges at the time of service. Occasionally charges may need to be added or modified after your visit. For example: an additional blood or urine test may be ordered by your physician, or AMA guidelines may require that we modify the level of service.

Initials _____

Insurance billing

Insurance billing is a courtesy provided to patients whose accounts are in good standing. You are expected to pay for your deductible, co-pay, and any non-covered services at the time of your visit. We expect payment in full of all outstanding account balances that haven't been paid within 60 days of billing insurance. Accounts over 60 days past-due will incur a monthly service charge of 10.5% annually. It is your responsibility to know in advance what services your insurance plan covers, including whether it provides preventative care services. Your insurance provider can give you specific information about which services are covered benefits. Once final service and diagnosis codes are assigned, they cannot be changed.

Initials _____

Medicare

Our providers are not Medicare Providers. If you have or are turning Medicare eligible age we will not be able to bill Medicare for your services. We may be able to provide services for a fee to you, if you are eligible to enter into a private contract with our providers. Please see our billing or office manager to discuss your eligibility.

Initials _____

Past Due Accounts

Any account past 60 days will be charged an interest fee of 10.5% annually. In this situation, if you seek ongoing medical care, we expect full payment of your old balance prior to scheduling appointments for additional services. Accounts with balances 90 days or more past due will be turned over to a professional collection agency. Any accounts sent to collections will also incur any and all collection fees assigned by the collection agency. ***Once an account has been referred to a collection agency, you will be asked to seek care elsewhere.***

Initials _____

No Show and Cancelled Appointments

In fairness to other patients and the physician, we require at least 24 hours notice to cancel appointments. We reserve the right to charge a fee for "no show" appointments and appointments canceled with less than 24 hours notice. After two missed appointments or late cancellations, you will be charged a fee of \$85. If you miss three appointments without adequate notice, you may be asked to seek care elsewhere.

Initials _____

Any questions or concerns about this policy can be discussed with our billing or office managers.

12/08

By signing below, I am acknowledging that I have read and understand the above Financial Policy.

Signature: _____ Date: _____

Print Name: _____

Relationship to Patient: Self Parent Guardian