

Provident Healthcare Office Policies

Thank you for choosing Provident Healthcare as your healthcare provider. We receive several questions regarding our office policies and have developed this document to answer some of those questions. If you have any further questions, please ask to speak to our clinic manager.

Missed Appointments: We will assess a charge of \$25 for any missed appointment or an appointment that is cancelled with less than 24 hours notice. We ask for 24 hours notice so that we may open that appointment time for other patients that may wish to be seen. This fee must be paid before another appointment can be made.

Health Insurance: We are contracted with most insurance plans as well as Medicare and Medicaid. In order to verify your coverage and keep our records current, we will ask for your insurance card at each visit. If it is your first visit to our office, we will also ask for your picture ID to verify your identity. If you do not have your insurance card, and we cannot verify coverage with the information you give us, we will ask you to pay for your visit in full at the time of service. Please be aware that you are responsible for the charges billed for the services you receive at our office. We bill your insurance as a courtesy to you. If your insurance does not remit payment, we will bill you for those services. If you do not have health insurance, you will be responsible to pay for the visit in full at the time of service, prior to services being rendered.

Payment for services: Copayments are due at the time of service. If you have a balance due on your account, for claims that have already been processed by your insurance company, you will be asked for payment at your next visit. If you do not have a visit scheduled, you will receive a statement in the mail. Other payment arrangements can be made with our billing department. Payments are due within thirty (30) days of the statement date. You will receive 2 statements from our office for a balance due. If the account is not paid within that time, it is considered past due and may be sent to our collection agency. If your account goes past due more than twice in a calendar year, you will be required to keep a credit card on file for future payments.

Services not covered by your insurance: We make every effort to order tests that meet "medical necessity" guidelines set by Medicare/ Medicaid and insurance plans. However, we cannot possibly know what is covered under every plan. If your insurance does not cover certain services, you will be responsible for those charges. If you prefer, you do have the option of calling your insurance to check coverage prior to receiving services.

Medication refills: Our refill policy is posted in every exam room and you are encouraged to review it. In certain cases, we may require an office visit before we will refill a medication.

Lab Results: If your provider orders labs or other testing for you, we may ask you to return for an appointment to discuss those results. Also, it is not our policy to send normal lab results to patients. We will send them, upon request via our secure email service. If you would like to enroll in that service, please ask any staff member. We do not mail results due to increasing overhead and postage costs.

Paperwork Reduction: We do provide a free service where we will keep your credit card on file for your account balances. This gives you peace of mind knowing that your account is paid. We will give you a courtesy call prior to charging the card. If you would like to sign up for this service, please ask for a form.

I have read and understand these policies and agree to abide by them.

Patient Signature : _____

Date: _____

Patient Name: _____