



FINANCIAL POLICY

University Physician Group participates with most insurance and managed care plans. We will file claims on your behalf, however, it is our position that payment for services rendered is the responsibility of the patient. Claims submitted on behalf of the patient are less co-payments, co-insurance, deductibles and/or non-covered benefits. If we do not participate with your insurance plan, or the service/treatment provided is not a covered benefit, full payment is expected at the time of service/treatment. If you are a member of an HMO and you elect treatment without a referral or authorization, payment is expected at the time of service.

University Physician Group accepts Cash, Checks, VISA, Master Card, Discover Card and American Express.

Additional Fees:

It is important to us that all patients keep scheduled appointment or notifies University Physician Group in a timely fashion if you are unable to do so. Effective January 1, 2006, we require 24 hour notice if you are unable to keep your scheduled appointment. Failure to notify us of your need to cancel will result in a charge of \$25.00.

Patients will be assessed a fee of \$25.00 for any returned check and we will be unable to accept personal checks until the account balance and associated service fees are paid in full. If this is a repeated offense, we will only accept cash or credit card payments for future service.

Please let us know if you have additional questions or concerns.

By signing below, I am indicating that I have read and understand the payment terms and my financial obligation.

Signature of Patient or Person Responsible for Account

Date