

DILIP TAPADIYA, M.D. INC.

Financial Policy

Dr. Tapadiya and staff would like to welcome you to our practice. Our goal is to provide you with excellent medical care . Our billing policies are outlined below.

1. **Your account is to be kept current; ALL SELF-PAY OR INSURANCE CO-PAYS AND CO-INSURANCES ARE DUE AT THE TIME OF SERVICE.**
2. Payments may be made via cash, check, Visa, Mastercard, Discover, or American Express. Please request a receipt for any payments made via cash or credit card.
3. Returned checks will result in a \$25 service charge AND all future payments being required in the form of cash or credit card.
4. If you are not able to provide payment, your appointment may be rescheduled.
5. Every effort is made to send monthly statements to patients; however it is the patient's ultimate responsibility to inquire about any unpaid balances in writing or by calling the office during business hours.
6. Any unpaid balances older than 30 days will be assessed a 1.5% interest charge per month.
7. After 120 days of past-due balance, any unpaid balances will be turned over to a collection agency for collection. You will be responsible for any costs incurred in collection, which may include collection agency fees, court costs, and attorneys' fees. We are not responsible for any adverse actions to your credit rating that may result from collections action.
8. We require a copy of your drivers' license at the initiation of service. **It is YOUR RESPONSIBILITY to notify us of any changes to your address, telephone number, or insurance coverage promptly.** Any unpaid balances resulting from failure to update your information will not be waived.
9. If you have health insurance coverage, we will submit your claims. However, we must emphasize that as a medical provider, our duty is to you and not to your insurance company. Although we attempt to verify benefits with your insurance company, please be advised this is only an estimate of your coverage based on information given to us at the time of the inquiry. Any amounts uncovered by insurance are the patient's responsibility. We will make every effort to assist you with documentation necessary for handling claims.
10. Not all services are a covered benefit with all insurance plans: it is your responsibility to be aware of what services are being provided to you and if they are a covered benefit under your insurance policy. Although filing your claims is a courtesy extended to you, all charges are always your responsibility from the date services are rendered. **You are personally responsible for any non-covered charges not payable by your insurance policy.**

We understand financial problems may affect timely payment of your account. If such problems do arise, we urge you to contact our billing department immediately for assistance. **WE ARE HERE TO HELP YOU AND WORK WITH YOU.**

DILIP TAPADIYA, M.D. INC.

Insurance Authorization and Assignment

I authorize Dilip Tapadiya, M.D. Inc. to furnish all information to insurance carriers concerning my illness, and/or treatments, and I assign to Dilip Tapadiya, M.D. Inc. all payments for medical services rendered to myself or my dependents.

I understand that I am responsible for any amount not covered by insurance; this includes any course of treatment that is not a covered benefit. This includes co-pays and co-insurance, as well as any other uncovered amounts. I understand that I am responsible for notifying Dilip Tapadiya M.D. Inc. of any changes in my insurance coverage. If I am delinquent in updating this information and the charges are denied, I understand that I will be held responsible for these charges.

I understand and agree to Dilip Tapadiya M.D. Inc.'s financial policy, insurance authorization and agreement.

Signature _____ **Initial** _____ **Date** _____
(Parent/Guardian if applicable)