

CARROLL ARTHRITIS, P.A.

412 Malcolm Drive, Suite 306
Westminster, MD 21157

410-848-0364 (phone)
410-848-4037 (fax)

FINANCIAL POLICY

We believe that everyone benefits when there is a definite and clear financial agreement prior to treatment. Our policy is as follows:

If applicable, your insurance co-pay is due upon service. Co-pays will be collected at time of check-in.

Please understand that a referral from your family doctor may be necessary in order to submit claims to your insurance carrier. It is the patient's responsibility to obtain this referral. If a valid referral is not on file, then your appointment will have to be re-scheduled.

There are a certain number of appointments available each day and often patients who are sick cannot be seen the same day that they call. With this in mind, if you are unable to keep a scheduled appointment, we require 24 hours notice, so that we may schedule another patient into your appointment slot. If the required notice is not given, then a cancellation charge of \$25 will be assessed to the patient, not billed to any insurance company. Until this fee is paid, another appointment will not be scheduled.

Payment plans can be arranged through our Billing Office (410-848-6021) for any account with a balance over 90 days. If an account becomes assigned to a collection agency, then the patient will be responsible for paying 100% of the court costs and 100% of attorney fees.

I hereby certify that I have read and understand the above and agree with all terms and conditions. I also authorize the release of any personal health information to my insurance company and any other health care professionals involved in my case.

Signed _____ Date _____

Print Name _____

DOB: _____

Witness _____