IM CLINIC

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420 Lowell Dr SE, Suite 102
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Financial & Office Policies

1. **Missed appointments.** Appointments canceled, rescheduled, or missed with less than a **24 hour notice** (or **72 hours** for Annual Wellness Visits) will incur a **$75 charge** which will not be covered by insurance.
2. **Prescriptions.** Prescriptions will be provided at office visits. If you need prescriptions between visits, you are requested to call and schedule an appointment. For safety reasons, **we will not** respond to refill requests sent **from pharmacies**. We are happy to offer same-day or next-day visits as needed for refills between appointments. If you require a refill without an appointment, we can send this to your pharmacy for a **$50 charge**, which is not covered by insurance.
3. **Walk-ins.** We do see "work-ins" but discourage "walk-ins". Essentially this means we will be glad to see you, but please call first. This allows us to be better prepared to serve you and to keep our schedules on time.
4. **Insurance.** Knowing your insurance contract is your responsibility. You are responsible for knowing which laboratories, hospitals and providers participate with your insurance. Please contact your insurance company with questions regarding your coverage.
5. **Co-payments and Deductibles.** All co-payments and deductibles must be paid at the time of service; we do not bill for co-payments. This arrangement is part of your contract with your insurance company. A receipt of your co-payment will be provided. Returned check fee is $45.00 and we do not redeposit returned checks; returned check payment and fees are due within 10 days of notification.
6. **Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.
7. **Proof of insurance—Identity Protection.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of a valid government issued picture ID and current valid insurance card. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. It is your responsibility to inform us of any address changes immediately. Please be prepared to show your insurance card at every visit. We may ask to see a valid government issued picture ID at any visit. Without the requested ID, you may not be seen.
8. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether your insurance company pays your claim or not. Your insurance benefit is a contract between you and your insurance company, we are not party to that contract.
9. **Nonpayment.** If your account is over 90 days past due, please be aware that we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. In the event of default, you agree to pay a reasonable attorney's fee, plus any other costs of collection, in the event your account is turned over to an attorney for collection. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.
10. **Worker's Comp and Motor Vehicle Injuries.** We do not see Worker's Comp or injuries sustained in motor vehicle accidents.
11. **Disability**. We do not fill out or complete long term disability paperwork.