

TWIN LAKES MEDICAL ASSOCIATES, PC FINANCIAL / CANCELLATION POLICY

We are committed to providing you with the best possible medical care and we are pleased to discuss our professional fees with you at any time. We feel your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your responsibility.

* ALL PATIENTS MUST COMPLETE OUR PATIENT REGISTRATION FORM BEFORE SEEING DR. MIKLAS.

* FULL PAYMENT OR INSURANCE CO-PAYMENT IS DUE AT THE TIME OF SERVICE.

* WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS AND DEBIT CARDS.

INSURANCE

If you have insurance, as a courtesy to you, we will assist you in receiving maximum benefits available including full utilization of coverage. By doing so, your out of pocket expenses will be minimized and in some cases MAY result in some services being covered at 100% (between two or more insurance companies). However, if you are paid directly by the insurance company you then become responsible for your total account balance and payment would be expected immediately. You, as a patient are always responsible for co-payments, deductibles, and any other charges not covered by insurance.

OTHER COVERAGE

If you are covered by workman's compensation, automobile insurance (due to accident), or by any government program, please discuss your payment situation with our account manager prior to the date of service. Prior authorization will be required.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

CANCELLATION NOTICE

DUE TO THE VOLUME OF OUR PRACTICE, A 24 HOUR NOTICE IS REQUIRED FOR CANCELLATION. ANY APPOINTMENT THAT IS CANCELLED LESS THAN 24 HOURS PUTS A STRAIN ON OUR SCHEDULE, AND COULD RESULT IN A CHARGE REFLECTING THE TIME WHICH WAS RESERVED FOR YOU.

INSURANCE

TO THE CONSTANT CHANGE IN INSURANCE POLICIES AND BENEFITS, IT IS NO LONGER AN EASY TASK TO INTERPRET EACH INDIVIDUAL POLICY, ALTHOUGH WE TRY TO STAY AWARE OF THE CHANGES, IT IS NOT ALWAYS POSSIBLE.

IT IS YOUR RESPONSIBILITY TO KNOW YOUR INDIVIDUAL COVERAGE.

PLEASE DO NOT GET ANGRY WITH US IF YOUR INSURANCE DOES NOT COVER OUR SERVICE TO YOU. ALL INSURANCE POLICIES HAVE EXCLUSIONS AND MOST POLICIES HAVE DEDUCTIBLE AND CO-PAYMENTS. PLEASE REMEMBER THAT YOUR INSURANCE POLICY IS BETWEEN YOU AND YOUR COMPANY AND NOT BETWEEN THE INSURANCE COMPANY AND THE DOCTOR.

RESPONSIBLE PARTY
SIGNATURE _____

DATE _____