

# Care on Wheels Inc.

## FINANCIAL & ATTENDANCE EXPECTATIONS

### Attendance

Our providers strive to provide appointment access to our patients in a timely manner. In an effort to do so we ask that our patients contact our office when they are unable to keep a scheduled appointment. We understand that life situations may arise resulting in one's inability to attend a scheduled appointment; however we do ask for the consideration of calling the office to inform us as soon as possible, preferably at least 24 hour notice. If notice is not provided it is considered a no show.

- Missed appointments are documented in the medical record.
- Refills may be held until a patient is seen by their physician.
- A no show fee of \$25.00 is applicable to all no show appointments.
- No show fees must be paid before a patient can receive additional appointments.
- Patients that no show for multiple appointments are subject to dismissal from the practice.

**PATIENT INITIALS:** \_\_\_\_\_

### Financial Responsibilities

- Care on Wheels, Inc. is required by contract with all insurance carriers to collect copays, deductibles, co-insurance and any non-covered services provided.
- It is the responsibility of our practice staff to collect copays and account balances **at the time of service.**
- If payments are not made, further appointments will be rescheduled or held until payment is made.
- If you do not have insurance, payment is required before services are rendered.
- Payments can be made with cash, check, or credit/debit card. We also accept card on file for future payment once insurance has adjudicated your claims.
- There will be a \$15 fee placed on the account in the event of a returned check.
- It is the patient's responsibility to provide current and active insurance information.
- It is the patient's responsibility to notify us and provide information regarding auto liability or workman's compensation claims.
- Payment for insurance claims under investigation or litigation will be the responsibility of the patient. This includes past and/or current services provided.
- It is the responsibility of the patient to ensure referrals or authorizations have been obtained prior to the appointment.
- If your insurance requires a referral and you do not have one, you have the option of paying for the visit at the time of service or rescheduling the visit.
- Payment may be required for paperwork completion.
- I understand that the ultimate responsibility for payment is mine if my insurance does not reimburse Care on Wheels, Inc. for services I have received.

**PATIENT INITIALS:** \_\_\_\_\_

Thank you in advance for your cooperation and understanding. A copy of this form is available upon request.

\_\_\_\_\_  
Patient or Representative's Signature

\_\_\_\_\_  
Date

