

**PREMIER WELLNESS INTERNAL MEDICINE, LLC**  
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Plano, Texas 75075  
972-596-1803

**FINANCIAL POLICY**

Welcome, and thank you for the opportunity to care for your Internal Medicine needs. In an effort to provide you with quality and affordable care it is important for you to understand our financial policy for services.

**Payment is requested at time of service.**

- We accept:
- Cash
  - Check    (\$35 fee for checks returned by the bank)
  - MasterCard
  - VISA
  - Discover

**INSURANCE:** We file insurance as a courtesy; extending 30 days for coordination of your benefits. You are responsible for any copayment, co-insurance, deductible, non-covered or exclusions pursuant to the terms of your policy and plan benefits.

If you wish to discuss or be examined for any medical problems you are having at the time of your scheduled physical, you have the option of scheduling an office visit for that purpose, or address everything today and allow us to charge accordingly.

To facilitate correct claim submission for benefit processing; we ask that you present your current ID and current insurance card(s) at each visit. Knowing and providing your insurance benefits is your responsibility. Please contact your insurance company with any benefit questions you may have regarding your coverage, including whether or not you have wellness or preventative coverage. While we participate in many insurance plans, it is your responsibility to contact your insurance carrier to determine whether this office and/or doctors are participating in your insurance plan.

Please understand that you are financially responsible for paying any and all medical expenses incurred for services rendered whether or not your insurance carrier pays your claim.

**A missed appointment fee is \$50.00** if not cancelled at least 24 hours in advance. This fee will be billed to you and not filed with your insurance carrier.

Balance for services over 60 days will be considered past due and delinquent at 90 days. Balances over 90 days may incur a **\$50/month rebilling fee** and subject to further Collection procedures.

Signature Acknowledgement and Agreement: **X** \_\_\_\_\_

Authorization/Benefit assignment for insurance submission: **X** \_\_\_\_\_

Dated: \_\_\_\_\_