



Financial Policy

We are doing everything possible to hold down the cost of medical care. You can help a great deal by reducing the number of bills we send to you.

Upon the scheduling of your visit with Pinnacle your insurance eligibility for the associated date of service will be verified. You may be contacted to provide additional information.

The following is a summary of our payment policy.

Please note that as of March 1st, 2018 we will no longer accept cash as a form of payment.

PATIENTS WITHOUT INSURANCE

Patients without insurance coverage will be required to pay \$100 at time of appointment check-in.

Please note that the amount due could surpass these initial charges given the services provided.

ALL COPAYS ARE EXPECTED AT THE TIME OF SERVICE

Payment of a copay is required at the time of service. If your copay is not paid your appointment will be rescheduled. Pinnacle accepts checks, VISA, MasterCard and Discover. There is a \$25 service charge for returned checks.

OUTSTANDING PATIENT BALANCES

We expect that all outstanding patient balances are paid promptly. Statements are sent out monthly, and we ask that balances due be paid when you receive your statement or at your next appointment, whichever is sooner.

Patients with an outstanding balance greater than \$200 must make arrangements for payment with our billing office before a visit can be scheduled. If a payment arrangement is not established and strictly adhered to you may be discharged from the practice. We realize that financial difficulty is a reality. In such circumstances, we advise you to seek care through a clinic or health bureau.

INSURANCE

We bill participating primary and secondary insurance companies as a courtesy to you. It is your responsibility to coordinate your own benefits and ensure prompt payment. If we have not received payment from your insurance company within 45 days from the time your service was submitted to your insurance carrier, you may be expected to pay the balance in full. You are responsible for all charges whether they are paid by you or by your insurance carrier.

NO SHOW / CANCELLATION POLICY

Patients that fail to cancel office appointments 24 hours prior to their appointment will be charged \$75.00. This balance is patient responsibility and will not be billed to third party insurance. This payment is due prior to your next appointment.

Patients that fail to cancel procedure appointments 48 hours prior to their appointment will be charged \$150.00. This balance is patient responsibility and will not be billed to third party insurance. This payment is due prior to your next appointment.

Excessive cancellations may also result in your discharge from the practice.

REFUNDS

Patient/guarantor credits in an amount less than \$50.00 will be retained on account to be credited toward future balances unless a written request for refund is received. Amounts \$50.00 and greater will automatically be refunded to the patient/guarantor.

I have read and understand the Pinnacle Financial Policy. I agree to assign insurance benefits to Pinnacle whenever necessary. I understand that without adherence to the Pinnacle Financial Policy my account will be forwarded to a collection agency. I also understand that failure to adhere to the Pinnacle Financial Policy may result in my inability to schedule future visits.

Name of insured or authorized representative (PRINTED): _____

Signature of insured or authorized representative: _____

Date: _____