



# Self-pay Policy

In order to make our services accessible to patients lacking health care coverage, we offer a significant discount for self-pay patients. We will identify patients without insurance coverage and consistently apply a method of billing, discounting, and collecting from the uninsured in the community. Patients without insurance coverage are not required to apply for the self-pay discount in order to obtain treatment at our office.

## **Procedure:**

Self-pay patients will be identified when they make the initial contact with the office.

- A Self-Pay Patient is defined as a patient who
  - has no health insurance coverage of any kind, including federal and state health care programs such as Medicare and Medicaid or other insurance coverage such as insurance provided by a school, AFLAC, or homeowner's policy
  - does not claim third party liability for the patient's health care treatment;
  - is not eligible for worker's compensation coverage; and
  - has no other responsible party covering the expenses associated with the care received from our clinic.
  
- If a patient claims to have public or private health insurance coverage but is not able to:
  - Produce verifiable insurance identification; or
  - If the patient has a "high deductible" insurance plan; or
  - If the insurance information provided is for a commercial insurance plan in which our clinic does not participate

He or she will not be designated as an eligible Self-Pay patient and therefore the patient will not be eligible for the Self-Pay discount since the patient has or claims to have some health care coverage.

- Self-pay patients will be required to pay a \$75.00 deposit for their visit, at time of check in. If additional charges, such as labs and x-ray, are incurred a 15% discount will be assessed to the patient balance. If the balance is not paid in full, arrangements must be made with our Business Office. Self-Pay patients are required to make regular payments and will forfeit the Self-Pay discount if they fail to make all required payments due under the Payment Plan.
  
- If Self-Pay patients are on a Payment Plan and fail to make a payment for more than two (2) consecutive scheduled payments then the Self-Pay Discount will be forfeited and the patient will be obligated and required to pay the full charges.
  
- There is a \$25.00 returned check fee assessed to all accounts when a bank returns a check to us for insufficient funds and payment there forward will need to be in the form of cash or credit card.

By signing this form, you agree to the terms above.

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Patient Signature

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Date