

Drs. Weinberger & Vizy LLC.

Financial and Managed Care Policy Statement

Drs. Weinberger & Vizy LLC adheres to the policies below.

The patient / responsible party assume the responsibility to ensure that the financial obligation is fulfilled for the health care received.

We ask that you read and sign this Policy Statement prior to being seen.

1. Patients with insurance that have a Co-payment and do not pay at the time of service will be charged a \$5.00 Non-Payment Billing Fee for not paying your co-pay at the time of service.
2. Patients that do not come to a scheduled appointment without canceling prior to the appointment are subject to a \$25.00 No Show Fee. This fee must be paid prior to rescheduling any future appointments.
3. Patients with no insurance must pay a minimum of \$40.00 at the time of service. Patients will then be responsible for any remaining balances prior to future appointments. Payment arrangements can be made with our billing department.
4. After insurance response, the patient / guarantor is responsible for any unpaid balance, deductible, co-insurance, or any non-covered service. It is the patient's responsibility to know what his or her co pay and covered benefits are through their insurance company prior to services performed. (Preventative, diagnostic, labs, etc.)
5. Our billing department only submits bills to medical insurance companies. Drs. Weinberger & Vizy LLC do not bill third parties in legal situations or injuries (non work related). Any unpaid balance by health insurance will be billed to the guarantor on the patients account.
6. It is the patient's responsibility to update any information on your account at the time of service. (Phone number, address, name change, insurance information etc.)
7. Prescription refills can take up to 24hrs if not office requested at the time of the visit.

Print Name: _____ Signature: _____ Date: _____