



## Financial Policy and Agreement

### Patient Responsibilities

Patients are ultimately responsible for all charges resulting from treatment provided by Moonstone Medical Group. As a courtesy, we will bill most insurance carriers directly for you. Please remember that an insurance plan is a contract between a patient and the insurance company. By signing this agreement, the patient or a responsible party agrees to pay for all the medical and cosmetic services rendered even if an insurance company refuses to pay or if an insurance company does not pay an amount the patient or responsible party expected. Complete and accurate demographic information is required in order to extend the courtesy or filing your insurance claim for you.

### What do I have to pay and when?

Patients without insurance are expected to pay for services rendered at the time of service. We will collect that amount when the patient checks out. If services are rendered by phone, payment is expected at that time by credit card.

Patients with insurance are expected to pay any insurance deductible and or co-pay at the time of check in. We will then bill insurance for services rendered. Once insurance pays if there is any remaining patient portion you or the responsible party will be billed. Payment will be expected in full within 30 days of being billed.

### Methods of Payment

Cash, check, debit card, VISA, MasterCard and American Express.

- A \$35.00 service charge will apply on all returned checks.
- If an insurance company has not paid a benefit within 45 days, the patient or responsible party is expected to pay any remaining balance at that time.
- Balances owed by the patient or responsible party that are over 90 days will accrue a finance charge of 1.5% that will be added to that account for each additional month that the account is past due. This represents an annual percentage rate of 18%. Accounts over 120 days will be referred to a collection company.
- Minors: The undersigned will agree to be responsible for payments of balances for series rendered to minors.

### Missed appointments or cancellations on short notice (Less than 24 hours)

We realize that life does not always go according to plan. However, we require that our patients provide at least one day (24 hrs) notice should you need to cancel or reschedule an appointment for any reason. There will be a minimum charge of \$85.00 for a missed or canceled appointment with less than 24 hours of notice. Hardships will be considered on a case by case basis.

By signing, I am stating that I have read the financial policy and agreement, and I agree to the terms explained. I have been given an opportunity to ask questions regarding this agreement and understand the terms.

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Patient or Legal Representative Signature

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Print Name

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Date