

# Welcome To Our Office

J. Kyle Mathews, M.D.



Thank you for choosing us as your health care provider. We are committed to you and your health care. Following is a list of our office policies. We require all of our patients to read and sign it prior to treatment or consultation.

All patients must complete all necessary forms before seeing the Doctor.

## **FULL PAYMENT IS DUE AT THE TIME OF SERVICE.**

For your convenience we accept, Cash, Checks, Visa and MasterCard.

## **INSURANCE:**

We accept assignment of insurance benefits for your insurance plan. However, the balance is your responsibility whether the insurance company pays or not. We cannot bill your insurance carrier unless you give us your current insurance information. If we do not have the correct information prior to your appointment, there may be a \$10.00 fee applied to your account. Your insurance policy is a contract between you and your insurance company. We are not a party to the contract. In the event we do not accept assignment of benefits, we require that you be pre-approved on one of our payment options. If your insurance company has not paid your account in full at the end of 90 days, the balance will be automatically transferred to your account for payment in full. Please be aware that some or perhaps all, of the services may be non-covered services and not considered reasonable and necessary under the Medicare Program and or other medical insurance.

**Regarding insurance plans where we are a participating provider:** All co-pays and deductibles are due prior to treatment. The law does not allow us to write off co-pays or deductible amounts. In the event that your insurance coverage changes to a plan where we are not a participating provider, refer to above paragraph.

## **MISSED, CANCELLED APPOINTMENTS OR SURGERIES:**

We reserve the right to charge \$100.00 for missed or cancelled appointments with **less than 24 hours notice.**

**Surgeries that are cancelled after the Pre-Op has been scheduled will be subject to a \$300.00 non-refundable service fee.** Please help us serve you better by keeping scheduled appointments.

## **FAMILY LEAVE ACT PAPERS/DISABILITY PAPERS:**

There will be a \$10.00 fee for any FMLA papers that you need to be filled out. Please let us know if you have any questions or concerns.

\_\_\_\_\_  
Patient Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name