

Victor D. Vela, M.D., P.A. Financial Policy

Thank you for selecting Victor D. Vela, M.D., P.A. as your healthcare provider. We are committed to providing you with quality and affordable health care. Please read and sign in the space provided. A copy will be provided to you upon request.

- 1. Insurance.** We conduct business with most insurance plans. However, if you are insured on a plan we are not contracted with or insurance coverage is unverifiable, payment in full is due at the time of service. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding coverage.
- 2. Co-payments and deductibles.** All co-payments and estimated deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Collecting co-payments and deductibles is mandated by our contract with the insurance companies.
- 3. Non-covered services.** It is your responsibility to be informed and understand your benefits. Services you receive may be considered "non-covered" by some insurance plans. This could result in denial of coverage. Examples: may include some mental health services like depression, anxiety, ADHD, ADD and testosterone replacements. If you're unsure of coverage, contact your insurance carrier prior to being seen.
- 4. Proof of insurance.** All patients must complete our patient information form before seeing the provider. We must obtain a copy of your driver's license and insurance card for verification of services. If you fail to provide your insurance information you will be responsible for payment in full at the time of service.
- 5. Claims submission.** We will submit your claims and assist you in any way we can to help get your claims paid. Your insurance company may need you to supply certain information directly to them. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.
- 6. Coverage changes.** If your insurance changes, please notify us when scheduling your next appointment.
- 7. Missed appointments.** All cancellations for your scheduled appointment must be made at least 24 hours in advance. If you fail to cancel your appointment, you will be charged a \$25.00 service fee, which is not covered by your insurance plan.

8. **Prescriptions.** There is a \$5.00 fee for mailing out all prescriptions.

9. **Forms:** There are fees for forms completed outside of an appointment. The fees are as follows:

- a. Physical Exam forms: \$10.00
- b. FMLA: \$25.00
- c. Disability Forms: \$25.00
- d. All other forms \$10-\$25.00

10. **Payment Plans.** We understand that financial problems may affect payments. We encourage you to communicate these issues with our office manager.

Again, thank you for choosing Dr. Victor D. Vela, M.D., P.A. We appreciate the opportunity to serve you. Please let us know if you have any questions or concerns.

I have read the payment policy and agree to abide by these guidelines:

Patient name: _____

Printed name of Parent/Guardian name if patient is a minor: _____

Signature: _____

Date: _____