

Superior Med, LLC  
1251 Clark Street  
Cambridge, Oh 43725

## **FINANCIAL POLICIES**

The physician and staff of Superior Med, LLC welcome you to our office. We are committed to do the best we can to provide you with the very best of care. If at any time you have a question or concern regarding your financial responsibility, please do not hesitate to contact our billing office at (740) 439-0733.

**Appointments:** Patients are seen **by appointment only**. Each family member needing examination by the doctor should have individual appointments.

**Late Arrivals/Missed Appointments:** Rescheduling will be necessary if you are more than 15 minutes late for your appointment. We will try to work you in if time allows. There will be a \$25 fee for missed appointments. We will send one warning letter after the initial missed appointment before assessing any fees.

**Fees, Insurance, and Health Plans:** As a courtesy, we will review your coverage and file your claim with the insurance carrier. Our practice will require you to assign all insurance company payments directly to our office to avoid any misunderstanding regarding payments. Your insurance coverage is an agreement between you and your insurance company. It is your responsibility to remit payment for any charges not covered by your policy; any co-pay amount as well as the deductible amount. A Parent/Guardian must notify the office of changes in address, telephone number or insurance. You must bring your insurance cards to every visit. The person who brings the child to the office will be responsible for any balance not covered by insurance.

We accept cash, checks, Visa, MasterCard, and Discover. Self pay patients that do not require submission of a claim can receive a 20% discount if paid in full the same day.

There is a \$25 fee for returned checks.

Prompt payment allows us to control costs. Outstanding accounts cost us both time and money; therefore, financial arrangements will be required for balances which remain unpaid after two statements have been received, prior to scheduling an appointment.

Each month you will receive a statement for services, which is due within 30 days. IF your payment is late, or you have not previously made financial arrangements, then we will contact you indicating there is a problem with your account. If you are experiencing a set of circumstances beyond your control, please call our office to set up a payment plan.

All patients refusing to remit payment after 61 days of notice without pending insurance or financial arrangement will force us to limit their future credit. If payment is still refused, we will then turn the account over to an outside collection agency.

Our practice firmly believes that a good physician/patient relationship is based on open communications. Our staff is instructed to make every effort to clarify any misunderstandings. We hope to avoid any disagreement over payment for professional services.

**Medical Records:** Medical records can be faxed to another physician's office free of charge upon release of the medical record. Patient copies of the medical record can be obtained for a fee. Copies of the medical record will be provided within 30 days with payment.

**Medication Refills:** Medication refills should be addressed during your office visit. Any refills requested after a visit will be assessed a \$15 fee. Refills will not be provided after hours or on the weekends. Please allow 48 hours for the refills to be completed.

**Telephone Calls:** Our nurses/medical assistants are always available during business hours to serve your needs. You can ask to leave a message with any questions that you may have. All messages received will be returned within 24 hours. If you feel you or your child need to be seen you should speak with someone in the front office to schedule an appointment, as the schedule fills quickly.

In general, antibiotics will not be prescribed over the phone. If you feel you/your child may need an antibiotic, you will need to be seen.

In case of emergency, call 911 or take you/your child to the nearest hospital emergency room.

Violation of office policies may result in dismissal from the practice.

By signing below you acknowledge that you have read and understand the office policies.

\_\_\_\_\_  
Signature of Patient or Parent/Guardian

\_\_\_\_\_  
Date