

DOUGLAS R. TURGEON, M.D.,P.A.
INSURANCE AND OFFICE FINANCIAL POLICY

Douglas R. Turgeon, M.D., P.A. believes that in the interest of good healthcare practices, it is best to establish a patient account policy between our patients and ourselves up front in order to avoid any misunderstandings. Our staff will be glad to discuss your account with you at any time. Our primary responsibility is to deliver quality healthcare services to you. We expect you to show us the same consideration and to be honest and forthright regarding your financial responsibility. A sincere and responsible patient should not ever have a financial problem with Dr. Turgeon.

1. **Payment in Full-** required at the time of your visit if you do not have insurance benefits or coverage at the time of you visit. We accept Cash, Check, Visa, Mastercard, Discover and American Express. Our office does not accept payment plans for routine office visits.
2. **Insurance Claims-** if our office is contracted with your insurance, we will file a claim to your insurance for the services rendered. However, you will be required to pay any co-payment, co-insurance, and /or deductible as out lined in your policy at the time of service. Our office will verify your insurance benefits prior to your visit with our office. If for any reason you insurance company does not pay, as expected, you will be responsible to pay the remaining balance. Please remember that insurance coverage is a contract between you and your insurance company. If you are a Medicare patient and have supplemental coverage, we will file to that insurance on your behalf once Medicare has paid.
3. **Surgical Claims-** regardless of plan participation, we will file surgical claims on your behalf. You will be responsible for any service not covered under you insurance policy. When payment has been received from you insurance company, if a balance remains, a statement will be sent to you for payment within 30 days.
4. **Third Party Responsibilities-** WE DO NOT FILE THIRD PARTIES OR TO ANY MOTOR VEHICLE INSURANCE.
5. **Letter of Protection-** our office does not accept L.O.P.'s from any lawyer's office. You will be responsible for all service rendered and we will supply an itemized statement for you to collect your reimbursement.
6. **Returned Checks-** a service charge of \$25.00 plus a \$3.50 bank fee will be applied to all returned checks. We require any returned checks and fees to be cleared prior to being seen or scheduled for another appointment. We accept only cash, credit card or certified check in the amount of the returned check plus fees.
7. **Prior balances on account-** all balances for service rendered will be collected before each appointment.
8. **Divorced Parents-** it is the policy of this office, that the parent accompanying the child to the visit, will be held responsible for a charges incurred regardless of the insurance or financial situation. DR. TURGEON WILL NOT DISCUSS TREATMENT WITH THE OTHER PARENT UNLESS AUTHORIZATION IS ON FILE.

I have read and understand the financial policy for DOUGLAS R. TURGEON, M.D.

Printed name of the patient: _____

Patients Signature: _____ Date: _____

If patient is a minor, then parent or legal guardian please sign below:

Printed name of parent/legal guardian: _____

Signature of parent/legal guardian: _____ Date: _____