

Pointe Medical Services, Inc.
Financial Policy
Gary C. Bernard, M.D.

As your physicians, we are committed to providing you with the best possible medical care. In order to achieve this goal we need your assistance and your understanding of our payment policy.

PAYMENT FOR SERVICES IS DUE AT THE TIME SERVICES ARE RENDERED

We accept cash, personal checks, Visa, MasterCard, American Express, and Discover. Returned checks are subject to a \$29.00 service fee and you will lose your privilege to write checks in our facility. We will not accept post-dated checks and we will not hold checks until a later date for deposit.

NO SHOW POLICY & PERSONAL INFORMATION CHANGES

There will be a \$25.00 charge if you fail to cancel your scheduled appointment 24 hours in advance. It is your responsibility to call and cancel if you are unable to keep your appointment. I will also make the front office personnel of Pointe Medical Services, Inc aware of any changes in personal information i.e. change of address, marital status, new phone numbers, new emergency contact, etc.

INSURANCE COVERAGE

Co-payment and deductibles **MUST** be paid at the time of services rendered. We must emphasize that as your medical care providers, our relationship and concern is with you and your health, not your insurance company. **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICE IS RENDERED.**

MEDICARE

Your deductible and 20% of the allowable charges are due at the time of service; however, since we are Medicare providers we will file your Medicare. If we do not know the allowable charge for a specific service, you will be billed after payment is received from Medicare.

WORKER'S COMPENSATION

We will call your employer to authorize your visit prior to your appointment. We will file with your company's insurance.

LABORATORY BILLING PROCEDURES

I have been informed that all laboratory procedures done outside of this office will not be included in the charges for Gary C. Bernard, M.D. All lab tests performed by an outside laboratory are billed separately to either my insurance company or myself. I will direct any questions regarding a bill or statement from an outside laboratory to that lab. Dr. Bernard will send my lab specimens to a laboratory that accepts my insurance. I have also been informed that all laboratory procedures done at Pointe Medical Services, Inc. will be included in the charges for Dr. Bernard. All tests performed will be billed to my insurance company or myself.

FINANCIAL AGREEMENT

We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Not all services are a covered benefit in all contracts. Some insurance companies only cover certain services provided by your physicians depending on your insurance plan.

Collection action will be taken for any charges; including those that insurance has not paid, older than 90 days. We realize that emergencies do arise that may affect timely payment of your account. If extreme circumstances occur, please feel free to contact us promptly for assistance in the management of your account.

I do hereby authorize release of information necessary to file a claim with my insurance company and assign benefits otherwise payable to Pointe Medical Services, Inc. and/or Gary C. Bernard, M.D.

Signature of Patient or Personal Representative

Date