



DALY INTEGRATED

MEDICAL GROUP

Financial Policy

It is the policy of this office to help keep your health care costs as low as possible. In order to do this, we need to keep our billing costs to a minimum. Please help us in the following ways:

- Bring your current health insurance card to EVERY office visit.
- Notify us of any changes in insurance, address, phone #, etc.
- Pay your copay or deductible at the time of service; or if you do not have insurance, please come prepared to pay for your visit in full.
- Double check with your plan as to the participation status of Daly IMG. Please understand that you are responsible for verifying this information with your carrier.
- Verify coverage limitations prior to your appointment date.

Insurance Release: This is to certify that I have been informed that my health plan may not be liable for service rendered if any of the following conditions apply:

- I may have a preexisting condition or other diagnosis that may not be covered by my plan.
- Provider does not participate in my health plan.
- Unmet deductible under my health plan contract.
- Services may not be covered under my health plan.

Please note that some of our therapies and services are not covered under **any** insurance plan. These include “most” Regenerative Medicine procedures.

Secondary Insurance: Daly IMG does file secondary insurance. You will be responsible for all copays, deductibles, copays, deductibles, coinsurances, etc. that apply to your primary insurance.

Co-Payments: We are required by our insurance contracts to collect all applicable copays at the time of service. **If the copay is not paid at the time of service, a \$25 copay fee will be assessed. This is in addition to a statement fee if applicable. _____.**

Payment options if you are uninsured or out of network: We do take Care Credit, and offer it at our office, or you can also sign up online at www.carecredit.com. We will consider an inhouse, short-term, payment plan with our discretion, and agreement signed between patient and office.

Monthly Statements: If you have a balance on your account we will send you a monthly statement. unless other arrangements are approved by us, the balance on your statement is due and payable when the statement is issued and is put in past due if not paid by the end of the month. If you are unable to pay the amount due or if you disagree with the billed amount, please contact our billing department immediately. **There is a \$10 monthly statement fee for any balance over 30 days. _____.**

Returned Checks: There is a fee (currently \$30) for any checks returned by your bank.

Ledgers: There is fee (currently \$10) if you are needing a print-out of your account, for payment history, etc. The fee is due prior to receiving the ledger.

No-Show/No Call for appointments: Although we realize that life can bring unexpected situations, we do require a 24-hour cancellation. If you fail to do this you could possibly obtain a \$25 fee, especially if it happens often _____.



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