



## **Missed Appointment Policy**

Dear Patient,

We strive to create as many appointments as possible for our physicians and nurse practitioners so that we can provide all the services needed by our patients. We need the help of our patients to make our system work. We know and understand how busy everyone's lives are and we know plans change. We would like the courtesy of a call if an appointment cannot be kept.

It is our policy that any scheduled appointment be canceled with at least 24 hours notice to the appointment time except in the case of an unforeseen emergency.

If an appointment is canceled, we will do our best to give our patient the next available appointment time for the type of visit required.

If you fail to keep an appointment, our office will send a letter notifying you of the missed appointment and the missed appointment will be noted in your chart. There will be no charge for one missed appointment. However, in the event of a second and third missed appointment or late notice of cancel, there will be a charge of \$35.00. Three missed appointments may cause dismissal from our practice.

Please understand this policy will not affect those patients who keep their appointments. In an office with many missed appointments we are trying to accommodate those patients that need to be seen in our office. We look forward to your anticipated understanding and cooperation.

Sincerely,

IHA Providers & Staff

**[www.ihacares.com](http://www.ihacares.com)**





## Patient Financial Obligations

IHA is dedicated to providing the best possible care and service to our patients in a cost effective manner. We regard the patient's prompt handling of their financial responsibility as essential to ensure that we can provide quality services. In order to accomplish this, we depend upon prompt payment for the services we provide. To reduce any misunderstanding or confusion, we have adopted the following policy.

**Payment options if you have insurance:** IHA has made prior arrangements with most insurance companies and health plans to accept assignment of benefits. We will file a claim with all insurance companies we participate with. Please be advised that unreported changes in medical insurance could result in billing delays, rejections and personal responsibility for the services provided.

### Financial Responsibilities:

- A. You will need to pay your deductible, co-pay and any determined out-of-pocket portions at the time of service.** Unpaid co-pays will be reported to your carrier since this is a requirement of your insurance plan, and may affect your insurance coverage.
- B.** If IHA does not have a contract with your insurance company, you will be given an itemized statement to file with your insurance plan and will be responsible for the charges at the time of service.
- C. Bring your current insurance information to each visit.** Failure to provide complete and accurate insurance information may result in patient responsibility for the entire bill. **It is your responsibility to understand your insurance benefits to include deductible amounts.**
- D.** In the event that your health plan considers the service to be a "non-covered" benefit, you will be responsible for the charges at the time of service. If we are unable to verify coverage, you will be asked to sign a waiver (written acknowledgement) that these charges may not be covered and you will be responsible for prompt payment of the all uncovered services.
- E.** You should understand that your failure to meet your financial obligations to IHA may include (but is not limited to) additional actions such as written correspondence, collection activities, reporting to outside credit bureaus and termination of your patient relationship with IHA.

**Payment options if you have no insurance:** Payment is expected on the day that treatment is rendered unless prior arrangements have been made. You can pay by cash, check, MasterCard, VISA or Discover. Alternative payment plans may be available for those patients who qualify (when made prior to your appointment). You may inquire about this with an IHA financial representative at your office.

**Patient Appointments:** We make every effort to see our patients promptly, likewise we ask that you arrive 15 minutes before your scheduled time to register and complete paperwork so that your arrival time does not impact our ability to keep our scheduled times with you or other patients. Note that patients who are sick or have a serious problem often need to be seen on the same day. The office reserves the right to charge for "missed appointments", and you should be familiar with our missed appointment policy. We ask that patients call the office promptly if you expect to be a late arrival, are unable to keep an appointment, or need to reschedule.

**Minors:** The parent(s) or guardian(s) accompanying a minor are responsible for payment. Minors must be accompanied by a parent or legal guardian to be treated. Any exception requires the parent or legal guardian to provide IHA, prior to treatment, a signed "Authorization" to provide medical treatment.

**Monthly Statement:** If you have a balance on your account you will be billed promptly. It will show separately the patient balance due for each visit. The total amount due from you will be summarized at the bottom of the statement. Unless we approve other arrangements in writing, the balance on your statement is due upon receipt.

**Billing Fees:** Any balances not paid upon receipt of your statement will be assessed a monthly **late charge** at the rate of 1.5% of the outstanding adjusted balance of your account. The adjusted balance is determined by taking the patient balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Collection Fees of \$33 per transaction will be assessed for returned or NSF checks. Further collection activity and late charges can be avoided by the timely payment of your account.

**I HAVE READ THE ABOVE PATIENT OBLIGATIONS AND I AGREE TO FOLLOW THIS POLICY. I ALSO UNDERSTAND THAT I SHOULD CONTACT AN IHA FINANCIAL REPRESENTATIVE FOR ASSISTANCE WITH BILLING QUESTIONS AT: 734.997.7700.**