



Financial Policy

Dear Patient:

Thank you for choosing Repower Medical Clinic, LLC. We realize that questions may arise about our payment and collection policies and this notice is designed to provide an overview of these policies. Our goal is to provide quality medical care for our patients and it is important that we work together. Our office manager will be happy to discuss these policies with you.

INSURANCE:

1. You are directly responsible for payment of your medical care and you are expected to pay for any services, supplements and lab fees at the time of service.
2. Repower Medical Clinic **accepts no insurance.** You will be provided with a statement with all of your charges and your diagnosis. It is then your responsibility to submit this to your insurance for reimbursement. Your insurance company may or may not pay for all of your health care costs. Please keep in mind that your insurance policy is a contract between you and the insurance company. The physician has no control over which services the insurance company does or does not cover.
3. Please expect to pay in full at the time of the office visit for services rendered.

BILLING:

1. Delinquent accounts will be transferred to a collections agency or our attorney when payments are not made in accordance with our policy. In the event of default, you will be required to pay collection costs and reasonable attorney fees. Accounts sent to collections are reported to all three major credit bureaus and are on file for seven years.
2. A **24 hour cancellation notice** is required for follow up visits. If 24 hours is not given a \$25.00 fee may be applied to your account.

Please understand that maintaining financial viability is the only way our office is able to continue providing quality medical care for our patients. Your understanding and cooperation enables us to deliver the quality healthcare that you deserve and expect.

I UNDERSTAND AND ACKNOWLEDGE THIS FINANCIAL POLICY.

Patient Signature

Patient Name (Printed)

Date