

Financial Policy
Melissa Selke, M.D., P.C.

Patient Name: _____

Date of Birth: _____

BASIC POLICY: Pay for service is due in full at the time service is provided in our office.

FOR PATIENTS WITH INSURANCE: We bill most insurance carriers for you if proper paperwork is provided to us and, if required, you have us listed as the primary physician on your plan. We will also bill most secondary insurance companies for you. Co-payments and deductibles are due at the time of service. If an insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full from you.

MEDICARE PATIENTS: We accept Medicare assignment. You are responsible for your deductible at the beginning of the year. We will also bill secondary insurance carriers for you.

NON-COVERED SERVICES: Any care not paid for by your existing insurance coverage will require payment in full at the time services are provided or upon notice of insurance claim denial. Physical exams, well-child visits, immunizations for foreign travel, IUD placement, and cosmetic skin surgery may be non-covered services under your health insurance policy.

COLLECTIONS: If an outstanding balance is not paid within 90 days of your first invoice, and a payment plan has not been documented, the balance will be turned over to a collection agency. Any fees or surcharges imposed by the collection agency will be your responsibility, along with your full outstanding balance. The present collection agency is greater than 35% of your outstanding balance.

CO-PAYS: All co-payments are due at the time of service (cash/check preferred). If not paid within 5 business days from the date of service, a \$10 surcharge may be added to your account.

BOUNCED CHECKS: A \$30 fee will be added to your outstanding balance if your check bounces. If the check is re-deposited and clears, the fee will be reduced to \$20.

MISSED APPOINTMENTS: We require minimum of 24 hours notice for any cancellation of scheduled appointments. A fee of \$25 will be charged for normally scheduled day time appointments and \$35 for evening and weekend appointments if sufficient notice is not given or if you arrive more than 30 minutes late for your appointment and are unable to be seen by the doctor.

FORM FEES: There is a \$10 fee for all forms to be completed by the physician or our office staff. Payment is due at time of pick up.

The patient is ultimately responsible for all professional fees.

I have read, understand, and agree to the above financial policy for payment of professional fees. I attest that all information provided to Melissa Selke, MD, PC is accurate and I will inform the office of any changes.

Signature: _____ Date: _____

Relationship, if minor: _____