

**MARY ANN JACOB, MD**

**Office Financial Policies**

1. OFFICE VISITS: Applicable fees are payable at the time of service unless current information is on file. Dr. Jacob accepts cash, checks, MasterCard and Visa as forms of payment.  
\_\_\_\_\_ (Initials)
  
2. MEDICAID: Medicaid patients need to provide a current coupon or sticker at the time of check-in. If a sticker cannot be provided, **the appointment will either be rescheduled or the guardian accompanying patient will be considered personally responsible for the bill.** Newborn infants will be given four weeks to be approved by Medicaid.  
\_\_\_\_\_ (Initials)
  
3. DENALI KID CARE: Patients with Denali Kid Care need to present a current ID card at time of check in. If a card cannot be provided, **the appointment will either be rescheduled or the guardian accompanying Patient will be considered personally responsible for the bill.** Newborn infants will be given four weeks To be approved by Denali Kid Care.  
\_\_\_\_\_ (Initials)
  
4. LATE APPOINTMENTS: Patients arriving more than fifteen minutes late will be rescheduled.  
\_\_\_\_\_ (Initials)
  
5. MISSED APPOINTMENTS: When a patient “no-shows”, other patients who are ill are denied that time slot. As a courtesy we ask that you please give 24 hours notice to reschedule or cancel your appointment. Patients who repeatedly miss appointments may be dismissed from our practice.
  
6. COLLECTIONS : Should Collections become necessary I agree to pay all collection agency fees .  
\_\_\_\_\_ (Initials)

INSURANCE: As a courtesy to our patients we bill primary insurance (we do not bill secondary insurance carriers) for office visits. In order for us to provide this service, we need documentation of insurance. This includes a copy of the insurance card, yearly deductible amount, and maximum yearly allowable for preventative care; any co-pay requirement, and coverage effective dates. Our receptionist will provide you with a form on which to provide the necessary information.

7. If we bill insurance, the patient remains responsible for 1) the deductible amount, 2) any co-pay, 3) any unpaid balance after 90 days, and 4) that portion of our charges not covered by insurance (unless collection of the uncovered portion is prevented by contract, such as a preferred provider agreement). For new patients, we will continue to request payment at the time of service until we have all requested information on file.  
\_\_\_\_\_ (Initials)
  
8. RETURNED CHECKS: Our NSF (Non Sufficient Funds) fee for returned checks is \$25.00. If your check is returned for non-sufficient funds, then we will no longer accept personal checks as payment on your balance due. You can pay by credit card, cash or a cashier's check.  
\_\_\_\_\_ (Initials)