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## **FINANCIAL POLICY AGREEMENT**

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*Payment is required at the time of service.* This includes all copayments and self-pay fees.

You will also be responsible for any **coinsurance, deductibles, and non-covered services.**

*Individual insurance policies have varied coverage for things like frequency of preventive visits or physicals, non-preventive services, blood work or labs, travel vaccinations, etc. While we make every available effort to assist you, **understanding the details of your coverage is your responsibility.***

### **Preventive Visits**

If you have an appointment for your physical and your physician identifies a **specific medical issue**, or you ask the physician to address a specific medical issue, you will be charged for **both your physical and a code related to the other medical issue.** These services are generally covered by your insurance at the contracted fee schedule.

However, because some insurances require a **copayment or deductible for medical visits that are not strictly for preventive care, you may incur these charges for your visit.**

There may also be a charge for **lab work that is considered non-preventive.** If you prefer to address these in separate visits please inform your physician and we will be happy to schedule an additional appointment.

*If you have any questions about our payment policies, please ask to speak with our billing staff. **Note that Labs and Radiology Imaging Tests (X-Ray, etc.) are billed separately by those offices so please contact them directly for any Lab or Radiology bills.***