



Our commitment is to provide the very best care to our patients while recognizing the need to limit services to only those that are necessary for each patient. To meet this commitment, we recognize the need for a definite understanding and agreement concerning our patient's health care and financial arrangements for that medical care. Your clear understanding of our financial policies is important to our professional relationship. Please contact our billing office, regarding any questions about our fees, financial policies, or your insurance coverage and your responsibilities.

Professional fees: Our fees for medical services are comparable to other similarly trained physicians in the community and reflect the complexity of your specific needs, the physician time dedicated to your care, the specialized nature of the doctor's training and education, supplies, and support costs associated with providing and coordination of your care.

Patient Payments: Co-payments, deductibles, services not covered by your insurance plan or outstanding balances are due at the time of your appointment (per your contract with insurance). Payment can be made by credit/debit cards, cash or check.

Insurance Payments: We participate and assignment of payment with specific insurance plans in the area. When the correct insurance information is provided, we will submit your claims as a courtesy to you, our patient. Your insurance coverage is a contract between you and your insurance plan. You are responsible, for unpaid balances left on your account, regardless of the amount your insurance covers.

Referrals/Authorizations: It is your responsibility to obtain any referral/ authorization required by your insurance carrier, prior to services being rendered. Failure to obtain required referral/authorization will result in you being responsible for the full balance.

Self-Pay: Patients, who are not billing a third party or health insurance carrier, are required to pay at the time of service for any service provided. All procedures requiring services at a facility (hospital or surgery center), are pre-paid to the office two weeks prior to the scheduled procedure date. If payment is not received, within the specified time frame, the procedure will need to be rescheduled.

Additional Fees

Missed Appointments: As a courtesy, we will make our best effort to provide you with a reminder call, one business day before your scheduled appointment. Please understand, your appointment time has been reserved for your needs and your lack of attendance, prevents others from receiving care. To assist patients with access to our physicians, we will charge a fee of **\$50.00** for any office appointment not canceled 24 hours in advance.

Medical Forms: The completion of disability forms, attending physician statements and other supplemental insurance forms require additional staff and physician time. A fee of **\$20.00** will be charged for these forms.

Collection Agency: If it becomes necessary to place your account with a third party collection agency due to your non-payment, the account of the person responsible will be turned over to collections, and the patient will be dismissed from our practice.

Checks: Payment received by check, that is not honored by your financial institution will incur a **\$30.00** fee, or will be placed with a third party collection agency immediately.

Your signature on this page constitutes an agreement to this policy.

I have read and agree to the above policies and authorize payment directly to Matthew A. Metz, MD, PC for medical benefits.

Patient or Guarantor Signature: _____ Date: _____

Printed Name: _____