Cherry Bend Family Care, PLC

We are committed to providing excellent care for our patients. We are grateful for the opportunity to serve you. In an effort to communicate with our patients, we would like to provide you with the following information regarding our collection of payments.

NO-SHOW and CANCELLED APPOINTMENTS

Our office charges a $50 service fee for any established patient appointments that are missed without calling to cancel prior to the appointment time or for appointments cancelled with less than 24 hours notice. This fee must be paid in full before any further appointments can be scheduled.

COPAYS

The majority of our patients have a co-pay on their health insurance plans. We require co-pays be paid at the time of service. If you are unsure of the amount of your co-pay we will collect $20 (the most common). Once the claim clears your insurance company and the co-pay amount is known, we will collect that at future visits.

PAYMENT DISCOUNTS

If we are not billing insurance for your visit, we offer a discount for the full payment on the day of service. The discount is 20% for cash or check and 10% for credit card payment.

NON PARTICIPATING INSURANCE COMPANIES

There are some health insurance companies that our office does not participate with. These insurances usually require your payment responsibility to be a higher co-pay or a percentage payment. We request that you pay your portion at the time of your visit.

HIGH DEDUCTIBLE INSURANCE PLANS

If your health insurance plan has a high deductible and if we participate with that insurance, we request that you pay for your visit in full when you check out. We will then submit the claim to your insurance company for you. This will ensure that your insurance company applies your visit to your deductible. If any allowable amounts are then paid to us by your insurance company, we will reimburse you directly.

MEDICAID DEDUCTIBLES AND CO-PAYS

We verify the eligibility of our Medicaid patients prior to their visit with us. If you have a deductible that you need to meet before Medicaid benefits are paid, we ask that you pay in full at the time of service.

NON INSURED PATIENTS

For patients without health insurance, we require payment in full on the day of service.

FORM COMPLETION

Forms completed at the time of a visit will be done at no charge. Most form completion without an appointment will be done at a charge of $50 and take up to 2 weeks (exceptions apply).

RETURNED CHECK POLICY

We charge a $35 fee for checks returned unpaid.. Reasons for this include, but are not limited to, non-sufficient funds or a closed account. You will be billed for the check amount plus the service charge amount. Please make payment promptly with cash or credit card. Continued returned checks will necessitate all future visits be paid for with cash or credit cards.

COLLECTION PROCESS

We send out monthly statements to our patients that have a balance. We have a series of collection letters that are sent out at 30, 60, and 90 days of delinquency. When the 60 day collection letter begins you may incur penalty charges and other service fees. When your account reaches this point, it must be paid in full prior to your next visit. If the account balance is not paid in full or if payment arrangements have not been made the account will be sent to a collection agency and an additional $30 fee will be assessed. Our normal policy is that the patient will be discharged from this practice once this happens.