Peace Valley Internal Medicine, P.C.

PRACTICE POLICIES

Thank you for choosing Peace Valley Internal Medicine as your healthcare provider. We are committed to provide the best possible medical care to our patients in a most efficient and effective manner.

Listed below is our **Financial Policy**, which we ask you to read prior to your treatment by our providers.

Name	of Legal Guardian / Legal Representative (Please Print) Relationship to patient	
Signat	ure of Patient / Legal Guardian / Legal Representative Date	
	read and understand Peace Valley Internal Medicine's Financial and Office Policy and agree to consms of the policy.	nply with
Test reports – These may be picked up at the office free of charge. We will not fax reports to patients except for emergencies. Reports will be faxed to other health care providers, at the patient's request – free of charge.		
<i>Prescriptions</i> – Please request medications at time of visit. We require 24 hours ' notice for all prescriptions called into the office.		
<i>Referrals</i> – 48 hours notice required for all HMO referrals except for emergencies.		
Cancel	<i>llations</i> - In order to provide the best service to all our patients, we ask that you provide us with at least 24 hours' must keep your scheduled appointment. If you miss your appointment without notifying our office in advance, we not to charge for the missed appointment. This fee is not covered by insurance so it will be your responsibility.	
<i>Insurance</i> – It is your responsibility to understand and comply with any predetermination of benefit or referral requirements with your particular insurance plan. Please be aware that some, and perhaps all, of the services provide by our practice may be a non-covered service or may not be medically necessary by your insurance company.		
8.	Copying chart for patients	\$35.00 of pages)
7.	Completion of forms not associated with an office visit	\$25.00
6.	Overdue accounts may be referred to a collection agency	\$25.00
5.	All bills are payable within 30 days of receipt. Bills not paid within 30 days	
4.		\$25.00
3.	Non-payment of co-pay at time of service For Checks returned to us for insufficient funds	\$10.00 \$35.00
2.		
1.	It is your responsibility to have your insurance card at every visit, for us to confirm any changes. Rebilling your insurance company because of incorrect insurance information	\$10.00