

Dear _____:

Please take a few moments to read about my office financial policy.
Bring this form to your first appointment; I can answer or clarify any issues mentioned below at that visit.

I trust that none of the policies described below will interfere with the doctor-patient relationship at my office.

Steven Leifheit, D.O.

1. Fees are based on the type of services performed and the total time involved in accomplishing these.
2. Most insurance plans require a co-payment, to be paid prior to your visit. Please have this ready; payment by credit card is gladly accepted.
3. This office utilizes a Billing Service to bill your health insurance company, so that services rendered by Dr. Leifheit will be paid. If you have a deductible to meet, or are assigned personal responsibility for medical services or supplies, you will be expected to pay this within 60 days.

You will receive written notice of your need to pay an outstanding balance after this has been identified as your responsibility. A minimum payment of \$50, or, 50% of a balance that is due, is expected in any 30 day billing cycle. Failure to make a payment, or, incurring more than two notices for non-payment, will result in your account being assigned to a collection agency. If this occurs, the doctor-patient relationship at this office will be terminated.

4. If your problem is a work-related injury, this office will submit charges to the Department of Labor and Industries or the appropriate insurer. If your claim of work injury is not accepted, you will be held responsible for services rendered.
5. If you are seeking evaluation and/or treatment for vehicle-related injuries, you will be responsible for these services personally. Automobile accident-related claims will only be billed directly on a case-by-case basis, provided the particular insurance company and Dr. Leifheit each gives approval.
6. If you have Medicare coverage, Dr. Leifheit's Billing Service will directly bill the Health Care Financing Administration (HCFA). Generally, 20% of the cost of any visit is not covered by Medicare and therefore becomes your responsibility. My Billing Service can bill supplemental insurance if you provide insurer information.
7. If numerous telephone requests or inquiries occur in the course of managing your condition, you will be charged for this service. Phone consultation or discussions will be charged at \$300 per hour, with a minimum charge of \$30.
8. If you must cancel an appointment, please notify this office as soon as possible. If an appointment is missed without notification, \$25 will be charged (\$50 for a new patient appointment missed).

I have read the above policies,

Signature: _____

Date: _____