



Financial Policy

The patient, guarantor, parent, or guardian is responsible for payment of services at the time of the office visit, test, procedure, or product purchase.

Insurance

Our office participates with many insurance plans, including Medicare. Our staff can provide limited information and assistance for each individual insurance plan. Every patient is responsible for individual coverage and benefits. We require a copy of a valid ID and updated insurance card at the time of appointment. Certain insurances require a referral from your primary care provider, which is the patient's responsibility. All referrals are required prior to each service rendered. Patients are responsible for any non-covered services. If our providers are out of network (not contracted with) your insurance plan, the patient is responsible for payment for all services at the time the service is rendered.

Product Purchase

All products purchased in the office or through our online links are final sale and non-refundable.

Surgery Fees

Surgical procedures are performed at an ambulatory surgery center, hospital operating room, or procedure room in the office. When surgery is performed outside of the office, there is a claim submitted to the insurance company for the surgeon's fee, facility fee, and anesthesia fee. When surgery is performed in the office procedure room, there is no fee for anesthesia. For cosmetic surgeries, a 20% deposit is collected at the time of scheduling. The remaining balance is due 2 weeks prior to your scheduled surgery date. If a refund is being requested, a 3% fee will be deducted from the deposit.

Payment

Payment is expected before or at the time of services rendered, including patient responsibility for insurance payments (co-payments, deductible, co-insurance, etc.). Payments may be made by personal check, wire or ADH transfer, or credit card. Returned checks are subject to a \$25 service fee. Other additional fees for certain transactions may apply. We do not accept cash.

Cancellation Policy

Please call our office if you cannot make it to your appointment or procedure. We may charge a \$50 cancellation fee if your clinical appointment is not cancelled or rescheduled at least 48 hours prior. We may charge \$150 cancellation or no-show fee if the clinical appointment is canceled within 24 hours. All surgical deposits are non-refundable if a surgery is cancelled or rescheduled within 2 weeks of the scheduled surgery. We may not offer a refund for the full payment if your surgery is cancelled or rescheduled within 1 week of the scheduled surgery. A \$200 administrative fee can be added to any cancellations, rescheduling, or no-shows within 48 hours of a scheduled surgery, whether insurance-covered or self-pay.

PATIENT FINANCIAL OBLIGATION AGREEMENT:

I understand that all applicable copayments, deductibles, and fees are due at the time of service. I agree to be financially responsible and provide payment for charges not covered by my insurance company. I authorize all health plan and insurance benefits to be paid directly to Jennifer Murdock MD, PLLC for services rendered. Jennifer Murdock MD, PLLC may pursue a collection of such benefits or unpaid balances in my name or in the name of Jennifer Murdock MD, PLLC. I authorize representatives of Jennifer Murdock MD, PLLC to release pertinent medical information to my insurance company when requested or to facilitate payment of a claim or fee. A photocopy of this agreement shall be considered as effective and valid as the original.

I acknowledge that I was provided a copy of the Jennifer Murdock MD, PLLC Financial Policy.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ, UNDERSTAND, AND AGREE WITH THE FINANCIAL POLICY.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

RELATIONSHIP TO PATIENT: _____