

## FINANCIAL POLICY

We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policy as an essential element of your treatment.

- We bill most major insurance companies as a courtesy and at no cost to patients. You are fully responsible for payment of services rendered. For all services rendered to minor patients, the authorizing adult accompanying the patient is responsible for payment.
- Human Dynamics & Diagnostics exercises the right to terminate the provision of services for non-payment of services rendered.
- All forms of insurance must be reported to the billing office. If you fail to provide copies of your insurance information or notify HDD of changes you will be charged a \$50 reprocessing fee.
- It is your responsibility to know if a provider in our facility participates in your insurance plan. We are not responsible for determining whether or not our providers are in-network with your plan.
- Payment is due at the time of service. If insurance is billed, payment of outstanding balance is expected within 30 days of receiving your statement. An interest fee of 1.5% will be charged for all accounts over 90 days past due.
- If at least 90 days have passed from receipt of the final statement by the patient and final resolution of all internal reviews, good faith disputes, and appeals of any charges or third-party payor obligations or payments, and a payment has not been received, the account will be reported to collections. Human Dynamics & Diagnostics will use North American Collections, 1393 Cambridge Dr. Idaho Falls, Idaho 83401 208-522-8013 for all collection issues. *Title 48, Chapter 3, section 48-304 Requirements for Extraordinary Collection Action (5)* <https://legislature.idaho.gov/statutesrules/idstat/Title48/T48CH3/>.
- We accept cash, check, debit cards or credit cards. Payments can be made by mail, over the phone, or in the office. There is a \$20.00 charge for all returned checks.
- We request that cancellations be made at least 24 hours in advance of scheduled appointments. We reserve the right to charge a late cancellation fee of \$70 (as permitted by your insurance carrier).

I have read and understand the financial policy and I agree to be bound by the terms. I also understand and agree that such terms may be amended from time to time by the practice. *A copy of this agreement is available to me upon request.*