



Patient Name: _____

DOB: _____

FINANCIAL ACKNOWLEDGEMENTS AND OFFICE POLICIES

Insurance Information:

GoNow Doctors accepts most major insurance payers. As a courtesy, we will file your medical claims for you. However, it is your responsibility to check with your insurance plan to advise you on your coverage. Most plans are specific to your employer group and we do not know what is a covered benefit under your plan. Your employer benefit advisor at your place of employment will be able to answer your questions regarding coverage and benefits. It is your responsibility to ensure that our providers are covered under your health plan.

It is your responsibility to provide accurate and updated insurance information at each visit. You will be responsible for any balances that your insurance carrier denies as a result of inaccurate information. Please check with our receptionist at each visit to verify if we have the most up to date insurance information and card on file.

Payment is due at the time of service for medical care that you receive from our office. If your claim is denied or payment is not made within thirty (30) days from the date of service, you must contact your insurance plan for an explanation and pay us any amounts not covered by your health plan. It is important that you go over your insurance company’s explanation of benefits concerning billing questions prior to contacting our office concerning a bill from GoNow Doctors.

Laboratory Services:

Many insurance plans now require you to go to or send your lab specimens to specific laboratories. Please let us know if this is the case. GoNow Doctors does have a lab on site and some tests may be performed here while other tests must be referred to an outside laboratory.

Missed Appointments/No Shows:

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. We reserve a specific time for your care and we make every effort to see you at that appointed time. We appreciate your promptness and consideration in not changing your scheduled time. However, if you do need to change an appointment, a 24 hour notice is required. If you DO NOT contact us before this 24 hour window, whether in person, phone, voicemail or email, it will result in a \$25 fee assessed on your account. If you are fifteen minutes late for an appointment, the provider will determine if you can be seen or your appointment may need to be rescheduled. Any appointments later than thirty minutes will have to be rescheduled.

Returned Checks:

We accept all major credit cards, cash or check. For checks that are returned not payable, there will be a \$30 returned check fee and checks will not be accepted on future visits.

Copies of Medical Records:

Medical records requests must be received at least five (5) business days prior to the date needed. There is no charge for records provided from doctor to doctor. There is a \$25 minimum charge for records requested by the patient or other entities.

Forms for disability, handicap parking, workers’ compensation, medical leave, insurance authorization for brand or non formulary drugs, medical releases, letters for employers, school, health clubs, etc., may be subject to an administrative fee of \$25.

My signature below indicates that I have read and understand this Financial Acknowledgement and Financial Policy and accept these terms. My acceptance covers my visit today and all future visits.

Signature of Patient or Legal Guardian

Date