

Aaron Boone DO and Associates, PLLC

## **Payment Policy**

Thank you for choosing Aaron Boone, DO & Associates, PLLC as your provider. We are committed to providing you with high quality health care. Our office has developed this payment policy because some of our patients have had questions regarding patient and insurance responsibility for services rendered. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

- 1. **Insurance:** We participate in most insurance plans. If you are not insured by a plan we do business with, payment in full is expected at the time of service unless previous arrangements have been made. If you are insured by a plan we do business with, but do not have your insurance information, we ask that you contact your human resource department for your up-to-date insurance information before your appointment to avoid paying out of pocket.
- 2. Co-payments, Co-insurances, and Deductibles: Payments of all co-payments, and generally co-insurances and deductibles, are required at the time of service. This arrangement is part of your contract with your insurance company.
- 3. Non-covered services (i.e., lab, telehealth): Please be aware that some and perhaps all of the services you receive may be non-covered or not considered reasonable or necessary by the insurers. Please contact your insurance company to determine your benefits to avoid any unexpected charges for which you will be held responsible. All insurance benefits vary and therefore it is not possible for us to know which services are not covered under your specific plan.
- **4.** Claim submission: We will submit your claims and assist you in any way we reasonably can to have your claims paid correctly. Complete and accurate information is very important because ultimately, we must look to you for payment of your claim.
- 5. Coverage changes: Please notify us as soon as possible when you experience any change in your insurance coverage so that we may make the appropriate revisions and assist you in receiving your maximum benefits.
- 6. Return Check Fee: If we receive a return check, a \$30.00 fee will be charged to your account.
- 7. Credit/Bank Card Charges: Please contact Aaron Boone, DO & Associates, PLLC with any dispute regarding a credit card transaction. Disputing a charge directly with the card issuer could result in a transaction fee of \$25.00. This fee will in turn be charged to your account.

Our practice is committed to providing quality health care services to our patients

Thank you for reviewing our payment policy. Please let us know if you have questions or concerns.