



**REGENCY HEALING  
MEDICAL CLINIC**  
*Healing And Preserving Our Community*

### **Financial Policy**

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your relationship as our patient. We file insurance claims as a courtesy to our patients. The guidelines below help you assist us with the process.

- It is every patient's responsibility to understand their insurance policy and benefits.
- **PAYMENT IS DUE AT THE TIME OF SERVICE.**
- Each patient must bring their insurance information to every appointment to ensure correct processing of all insurance claims.
- If you are a **MEDICARE** patient, under federal law you are mandated to pay your deductible and 20% co-payment.
- All patients must complete and sign our **FINANCIAL POLICY** before care is rendered.
- There is a \$25 fee for all returned checks.
- If you do not show up for an appointment or cancel with less than 24 hours' notice, you will be charged \$25. This fee must be paid before a new appointment is scheduled. Patients with three missed appointments will be asked to transfer their records to another doctor.
- If correspondence from your insurance company is not received within 45 days of claim submission, you are responsible for charges for our services.
- If your insurance company needs any additional information, it is your responsibility to provide it to them.

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### **PATIENT OR RESPONSIBLE PARTY**

I have read, understand, and have been allowed to ask questions about this policy. I agree to comply with the guidelines above as described.

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

*Today I will be paying by (please circle selection):*

**CASH    CHECK    VISA    MASTERCARD    AME X    DEBIT CARD    DISCOVER**