PRIMARY MEDICAL SERVICES, M.D.
FAMILY MEDICINE & URGENT CARE
PATRYCJA CZESNOWSKI, M.D.

FINANCIAL POLICY

OUR FINANCIAL POLICY:

Thank you for choosing Dr. Czesnowski, M.D., as your health care provider. We are committed to your treatment being successful. Our billing personnel will work very hard to make sure your paperwork is filed accurately and promptly.

INSURANCE & INSURANCE COLLECTION:

Please understand that insurance reimbursement can be a long and difficult process for our office. To that end, our billing staff has undergone extensive and rigorous training to maximize your insurance reimbursement, and reduce the time by which they pay. For those patients whose insurance cannot be verified at the time of service, payment will be due for all services at that visit. A refund will be extended to the patient if insurance payment is received. Thank you for your understanding.

COMMERCIAL/PRIVATE INSURANCE:

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will bill your insurance as a courtesy and service to you. However, if after (60) days reimbursement has still not been received, we will transfer the balance to your private account. You will not be notified to this transaction-change and we will transfer the balance to your private account. You will be notified of this transaction-change and we encourage you to promptly contact your insurance company to expedite payment. Also, an "Insurance Complain Form" will be sent to you to help with the process.

SECONDARY INSURERS:

Having more than one insurer DOES NOT necessarily mean that your services are covered 100%. Secondary insurers will pay as a function of what your primary carrier pays. You are responsible for any balances after your insurance(s) has cleared.

USUAL & CUSTOMARY RATES:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area.

DIVORCE DECREES/MINOR PATIENTS:

This office is NOT a party to your divorce decree. Adult parties are responsible for their bill at the time of service. The parent accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized.

THANK YOU:

Thank you for reading our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree with this Financial Policy and that I am ultimately responsible for my medical bills.

_____ Date: _____ / _____ / _____

Signature of Patient or Responsible Party

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