



CREDO

FAMILY MEDICINE

Financial Policy

Patient Responsibility

If you carry insurance, Credo will bill your insurance for charges associated with your appointment. If for any reason, insurance will not cover your charges, you will be financially responsible for the charges, and Credo will bill you directly. If you fail to pay your bill, you will be asked to pay at the time of your next appointment. If you refuse to pay, Credo reserves the right to cancel your appointment and you will not be able to reschedule until payment is received in full.

No Show Policy

If you miss an appointment without formally cancelling the appointment, you may be subject to a \$40 fee. This fee will be billed to you directly and will not be covered by insurance.

Cancellation Policy

If you need to cancel an appointment, please notify our office as soon as possible and always more than 24 hours prior to your appointment. If cancellation is not received, or is received with less than 24 hour notice, you may be subject to the No Show Policy fee enumerated above.

Cash Payment Policy

If you do not carry insurance and are considered a self-pay patient, you will be billed directly. If you pay at the time of service, you are eligible to receive a 33 percent discount. If you pay within a month of receiving services, you will be eligible for a 10 percent discount.

Late Policy

We at Credo understand when you may fall behind your schedule. However, if you are more than 10 minutes late to your appointment, out of respect for the patients following your appointment, we reserve the right to reschedule your appointment to a later time.

I have read and understand the above stated financial policies and agree to adhere to such policies when they apply.

Patient Name: _____

Patient/Guardian Signature: _____

Printed Name: _____ Date: ____/____/____