

MARGIE CORNEY, MD, PC
817 GREENBRIER PARKWAY, SUITE B
CHESAPEAKE, VIRGINIA 23320
(757) 548-2800

FINANCIAL POLICY

**All patients must complete our patient registration form and sign all policies before seeing the doctor.
Also, please understand that payment of your account is considered to be a part of your treatment.**

CO-PAYMENTS AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICE.

WE ACCEPT CASH, PERSONAL CHECKS, VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS
(*NOTE: \$35.00 FEE FOR RETURNED CHECKS)

It is your responsibility as the patient to obtain the proper insurance referrals for all visits

PARTICIPATION

Our office participates with many HMO's, PPO's and most other health insurance plans including Medicare and Medicaid. Each insurance plan has unique rules and regulations that must be followed by the patient and physician.

PLEASE FAMILIARIZE YOURSELF WITH THE PARTICULAR BENEFITS AND RULES OF YOUR HEALTH CARE PLAN.

REFERRALS

Some health insurance plans require that you obtain a referral from your PCP (Primary Care Physician) before visiting a specialist's office. It is the patient's responsibility to acquire this referral and keep track of the number of visits allowed and the start and end date of the referral. Alternative payment arrangements or rescheduling of your appointment may be necessary if proper authorization or a referral is not obtained by the patient.

MISSED/CANCELLED APPOINTMENTS

It is important that you notify our office as soon as possible if you are unable to keep your scheduled appointment. Notifying our office will allow us to schedule another patient at that allotted time. If you fail to notify us within 24 hours of your appointment, or if you do not show up for that appointment, your account will be charged \$50.00. Your health insurance is NOT responsible; this amount is billed directly to the patient and must be paid before future appointments are made. Our goal is to manage our physician's time more efficiently with our patients who are in need of their services.

LATE FOR APPOINTMENTS

If you are late for an appointment, you may be asked to reschedule or you may be considered a 'work in' patient, and in most cases the patients that arrived on time to their appointments will be seen first; so there may be a wait.

DISABILITY FORMS/FMLA FORMS

There is a \$10.00 fee to complete a single page form brought in by the patient. For multiple pages the fee is \$25.00. All fees must be paid when these forms are submitted to the office. Please make sure that any portion of the form to be completed by the patient is done before leaving the office.

THERE WILL BE A \$10.00 CHARGE FOR ANY LOST OR MISPLACED PRESCRIPTION. NO EXCEPTIONS

I have read, understood and agree to the above financial policy. In the event of non-payment by my insurance carrier for whatever reason, I am responsible for the payment of the balance owed inclusive of any collection agency fees or attorney fees of 33 ½ percent of the amount past due and any court costs incurred to collect any amount that is past due.

Patient Signature

Date

Print Name

Witness