Time of Service Payment Policy

Account #: _____

Thank you for choosing us for your health care provider. We are committed to providing our patients with quality health care. Please review our payment policy and sign below. A copy will be provided to you upon request and is available on our website, silverhealthcare.org.

Payment Form: We welcome cash, check, travelers check, Visa, MC, Amex & Discover.

Insurance: As a courtesy to our patients, it is our policy to bill your insurance. If you fail to provide us with the correct insurance information, your balance will become patient responsibility. Please contact your insurance company with any questions you may have regarding your insurance as coverage varies.

Co-payments and Co-insurance: All co-pays and co-insurance are due at time of service. This arrangement is part of your contract with your insurance company. We are required to collect them by your insurance. If not paid at time of service, a $10.00 billing fee will be assessed to patient account.

Non-covered services: Please be aware that services you receive may be deemed non-covered by your insurance. As a result, per your insurance, the charges may become patient responsibility.

Coverage changes: If there are changes in your coverage, please notify us prior to your next visit so we can make the appropriate changes to help you receive your maximum insurance benefits. It is your responsibility to notify us of changes in your coverage or the balance will be billed to you.

Self-Pay Patients: Full cost of the services will be due at time of service unless prior payment arrangements have been made. We offer a onetime 40% discount courtesy for patients without insurance who pay all charges at time of service (excluding SHC's Weight Loss Program).

Nonpayment: If your account is over 90 days past due, you will be sent a letter stating you have 10 days to pay your balance in full or arrange a payment plan. Please be aware if your balance remains unpaid, we may refer you to a collection agency.

No Show Fee: Failure to cancel your appointment at least 24 hours in advance will result in a No Show charge of $35.00 being added to your account for the missed appointment. (See other side for more information.)

NSF Fee: Checks returned for insufficient funds will result in an additional $35.00 fee.

Service Fee: A $10.00 service fee will be added monthly to all patient accounts with a patient balance after initial statement.

Patient Name (Please Print) _____ Date _____

Guarantor's Signature _____ Relationship to Patient _____