Everyday Health Care
Financial Policy

Thank you for choosing Everyday Health Care for your medical needs. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy. We ask that you read and sign prior to treatment.

We accept cash, check, Visa, MasterCard, Discover and American Express.

If your insurance requires you to pay a co-pay, it is due at the time service is rendered.

All services rendered will be billed to your insurance company. Any deductibles or co-insurance will be assigned to the patient by the insurance company. Everyday Health Care does send a courtesy statement which is not required. Your insurance company will also send you an Explanation of Benefits (EOB). This notice from your insurance company will explain why you will receive a bill from Everyday Health Care. It is your responsibility to understand the benefits you have agreed between you and your insurance company. Everyday Health Care does not guarantee the service provided is covered under your insurance company. That is the patient's responsibility to contact the insurance company prior to visit to confirm if services needed, will be covered. Any outstanding balances prior to your office visit will require a payment. Any balances placed in collections will require a payment in full before providing additional services. Everyday Health Care does not refuse services; however, we do require payments when due.
After 5pm, weekends and holidays, we charge an additional $50 fee to your insurance company.
All no-show appointments and those that are not cancelled with a full 24-hour notice will be subject to a $25 fee. We will send you a confirmation text message of your appointment. If you have cancelled your appointment, you should not receive a message. If you receive a text message and you cancelled your appointment, please contact our office as soon as possible to avoid being charged a no-show fee.
Any receipt printouts for the fiscal year will have a $15 fee. We will print out a one-time courtesy receipt for any payments collected so please remember to save all receipts to avoid a fee.
Any paperwork to be filled out by a provider is $35 per form, due prior to completion.

Regarding Patient Statements

All statements for any patient balances will come via email. You may opt out of any emails by initialing here _____. If you choose to opt out you will not be notified of any balances which may lead to your account being placed in collections without your knowledge.

Regarding Our Contracting with PPO's

For contracted PPO's the patients will be responsible for verifying the provider is on the plan. As a courtesy, we will bill directly to all PPO insurance for our patients, however, your medical account is your responsibility to pay. If we have not heard from your insurance company within 45 days from our billing date, we will expect payment from you.

Returned Checks- All returned checks will be subject to a $30 banking and handling fee which will be charged to you

Collection- In the event legal action should be necessary to collect any unpaid balance due for medical services to you or your family; you agree to pay reasonable attorney fees or other such costs deemed appropriate by court.

Thank you for understanding our Financial Policy.

I have read this Financial Policy, I understand and agree with its term and condition.

Patients Name: _____ DOB: _____

Signature: _____ Date: _____