

Financial Policy of
Charles W. Monday, Jr., M.D., P.A.

Charges incurred for services rendered by Dr. Charles W. Monday, Jr. are the patient's responsibility, regardless of insurance coverage. Assignment will be accepted for all insurance with which our practice participates. It is the patient's responsibility to provide this office with accurate insurance information, and to notify us of any changes in health insurance coverage. If you have questions on network status/participation with insurance, it is your responsibility to contact the customer service number on your insurance card.

Patient responsibility: If your insurance has an office co-payment, co-insurance, or deductible that has not been satisfied, you must pay this at the time of service.

Payment for Procedures: Our office staff will call your insurance company to obtain necessary precertification and verification of benefits. My staff will contact you prior to surgery to discuss your estimated portion which will be due in full by noon the day prior to your procedure. Please understand that your co-payment must be paid prior to any scheduled elective procedure or surgery.

Authorization: If your insurance company requires authorization to see a specialist, it is your responsibility to contact your primary care physician and request the authorization. Always check with your insurance before your appointment date and make sure the authorization has been approved. If no approved authorization is on file, you are responsible for the entire bill.

Billing: Know your insurance policy. You are responsible for any rejected claims, non-covered expenses, deductibles, co-insurance/co-payments. Our statements are sent monthly. Cash, check, money order or most major credit cards are acceptable means in which to pay the balance. If there remains an unpaid balance and we receive no payment or contact from the responsible party despite all our efforts to contact said party, then the account could be turned over to a collection agency or pursued legally. There is a \$35.00 fee for checks that are returned for insufficient funds.

No Show and Cancellation Policy: Patients who do not keep their appointments or provide 24 hour notice of cancellation will be subject to a charge of \$25.00. This fee will be applied after the second missed appointment or second failure to provide 24 hour notice of cancellation within a 12 month period.

This is not a billable charge to any insurance company and is the responsibility of the patient. If the patient misses or cancels 3 times, the fee will be \$50.00. We reserve the right to dismiss the patient from the care of Dr. Monday.

Informing our patients about our financial policy assists us in providing the best service for our patients. Thank you for taking the time to read this policy statement. Should you have further questions or comments, please kindly contact our office.