

**Dr. Vaughn Bowman, LLC**  
**Visit Information and Financial Policy**

Dr. Bowman's goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our Office Policy, allows for a good flow of communication and enables us to achieve that goal. Please read this carefully and if you have any questions please do not hesitate to ask.

1. Upon arrival, please have a seat in the waiting room until called by Dr. Bowman.
2. Please inform us of any changes in your personal information.
3. **It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see a specialist, and what services are covered.**
4. **According to your insurance plan, you are responsible for any and all co-payments, deductibles and co-insurances.**
5. **If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit unless other arrangements are made. For scheduled appointments, prior balances must be paid prior to the visit.**
6. If you have no insurance, payment for an office visit is to be paid at the time of the visit.
7. Co-pays are due at time of service. Patient balances are billed upon receipt of your insurance plan's explanation of benefits. Your remittance is due **10** business days from receipt of your bill.
8. Accounts past due by 30 days may be charged to a credit card on file. If previous arrangements have not been made with Dr. Bowman, any account balance over **45** days will be turned over to a collection agency.
9. **A 50% fee will be assessed for all appointments cancelled without 24 hour notice.**
10. **A \$75 fee will be assessed for not showing up for your scheduled appointment.**
11. **Patients, who accumulate a total of 3 NO SHOWS /SAME DAY CANCELLATIONS IN A CALENDAR YEAR, will automatically be TERMINATED from Dr. Vaughn Bowman, LLC as a patient. EXCEPTIONS WILL BE MADE DEPENDENT ON CIRCUMSTANCES.**
12. A **\$25** fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
13. We charge **\$1.00 per page** (first time copies are free) for Medical Record copying up to 100 pages and .25 each additional page. There is no charge for disclosure of medical records for a TPO entity (Treatment, Payment & Health Care Operations)

I have read and understand the above Office Financial Policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

Patient Name \_\_\_\_\_

Patient, Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_