

FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we will assist you by billing your claim for benefits. We need your assistance, and your understanding of our financial policy.

Payment for services is due at the time services are rendered. All co pays will be collected prior to the patient being seen.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

However, please keep in mind that:

1. You, the patient are ultimately responsible for your bill.
2. Your insurance is a contract between you, your employer, and the insurance company. In some instances we may be contracted to accept assignment of insurance benefits.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
4. Past due accounts over 60 days from the date of service are subject to interest charges of 1.5% per month, in the unfortunate event that an account is given to a collection agency or to an attorney for collection, the patient/responsible party shall pay to Joseph C. Lindstrom, M.D. all costs of collection, including reasonable attorney's fees and court costs. In addition to other amounts due.
5. If a referral is required and you fail to bring one, you will be responsible for the bill.

We must emphasize that as medical providers, our relationship is with you, not your insurance company. While the filing of insurance claims is courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payments of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

A \$25.00 charge will be applied to your account for checks returned for insufficient funds. If you have any questions about the above information, please do not hesitate to ask us. We are here to help you.

I have read the above financial policy for Joseph C. Lindstrom OBGYN and understand that I am responsible for all my accrued charges including those charges which my insurance company may or may not cover at the level anticipated. Additionally, I understand that should my insurance company delay payment, I will be billed and be responsible for the entire balance.

Signature of Responsible Party

Date