

Financial-Insurance-Appointment Policy

Dr John T. Gotwalt – Dr Sara J. Gotwalt

Financial – You, the responsible party of the account, are responsible for all charges incurred on your account at this office . Payment is expected at time of service unless arrangements have been made before your appointment. We accept Visa, MasterCard, Discover and Care Credit. There is a 5% discount if your charges are paid in full at time of appointment with a check or cash. No discount available when paying with a credit card, debit card, or health savings card as we are charged to process the cards. There is annual interest of 18% added to past due accounts and a charge of \$35.00 for returned checks.

Insurance – Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your primary insurance claim for you at no charge. We will also file predetermination of benefits, submit x-rays/images as required by insurance, and file appeals if/when necessary, all without additional fees. We are a non-participating provider of insurance, not in network, meaning we do not accept insurance payments as payment in full. Every individual is charged the same and receives the same quality care as the other in our practice. There are many variations and limitations of what plans cover in Lancaster County. Some Delta and United Concordia plans will not directly reimburse the office, allowing their payment to be made to the patient only. Most insurance plans will pay our office directly and we will bill you for any remaining balance. It is your responsibility to provide us with your correct insurance information in order for us to file a correct claim and for you to receive your benefit. You must be an active patient with a good payment history to be billed for balances not covered by insurance.

Appointments – Our philosophy with scheduling appointments allows us to have time with each patient. This means we do not double book appointments and over schedule our day. Your appointment time was chosen by you. Please make a note of it on your calendar. As a courtesy we will confirm your appointment from a week to a day before your scheduled time with the office. In order to do so we ask that you please keep us up to date on your contact information including cell number and email address. We do understand that occasionally situations may arise which require you to reschedule your appointment with us. However, due to the reasons listed above, there may be a charge for appointments changed or cancelled with less than 24 hours' notice. Appointments failed without any notice may result in a charge. Charges incurred from missed appointments will need to be paid in full before future appointments are scheduled.

Signature - _____ date _____