

LLOYD J. CLEAVER, D.O., L.L.C.
700 West Jefferson, Kirksville, MO 63501
660-626-2191

OFFICE FINANCIAL POLICY

We would like to share the following policies with you so that you understand your responsibilities regarding the charges for the services rendered to you by this office. (Please initial each paragraph as you read this policy.)

Copays

The patient is expected to present an insurance card at each visit. All copayments and past due balances are due and payable at the time of service. _____

Self-pay accounts

Self-pay accounts are patients who are covered by insurance plans that the clinic does not participate in, patients without an insurance card on file, or at the time of service, do not meet the deductible. It is expected that payment is required at time of service for all services including all surgeries. _____

Extended payment arrangements

The patient is expected to pay at least 50% of the total fee. The balance is to be paid over the next three months in equal monthly payments due by the first of every month. Patients who fail to make a monthly payment will be sent to a collection agency and may be terminated from the practice. _____

Cosmetic or non-covered procedures

* You will be asked to sign a Waiver of Liability Form in the event that a service is provided which we know is not covered by insurance. In the event that we are not aware of a charge that is not covered by your plan, you will be billed for the balance after we obtain a denial from you insurance carrier. _____

Patient refunds

The following criteria must be met prior to issuing a patient refund: The patient has not been seen in the office for 90 days, there are no outstanding insurance claims on the patient's account, and there are no outstanding patient balances on the account. _____

Child custody cases

The parent with primary custody is usually the parent with whom the child lives and who usually brings the child to the clinic for care. The custodial parent is responsible for payment at the time of service whether the account is considered self-pay, participating insurance, or nonparticipating insurance. If the non-custodial parent carries the insurance on the child, the clinic will bill that insurance company. The clinic does not get involved with divorce specifics, e.g., one parent pays 80% and the other pays 20%. It is the parents' obligation to work out an agreement themselves or through the court system. _____

Referrals

If your insurance has designated a primary care physician (PCP), you are required to have prior authorization from your PCP prior to your clinic visit. If this authorization is not provided, you will be asked to either reschedule your appointment or pay for you visit at the time of service. _____

This financial policy helps the clinic provide quality care to our valued patients, If you have any questions or need further clarification of any of the above policies, please feel free to contact us.

Patient or Guarantor's signature

Date