

FINANCIAL POLICY FOR THE PRACTICE OF:

RICHARD S. YORK MD PC

Payment in full is expected at the time of service for patients with Blue Shield Master Medical or who have no coverage for office visits or who are self pay.

Copays & deductibles are expected at the time of service. We accept cash, check, Visa, Mastercard or Discover.

We have standardized charges, which are in the customary range for this community. The charges reflect the high level of training by the providers in this group and the level of care you will receive. Our office will submit an insurance claim with any supporting documentation on your behalf. Although we provide this service, it is also **your** responsibility to understand the coverage and exceptions of your particular policy and any co-payment and deductible required.

Any balance not paid within 30 days of receipt of our statement will be subject to a late payment charge equal to one percent of the outstanding account balance per month and an account servicing charge of \$3.00 per month.

I have read this form (or have had it read to me) and understand it.

Patient Name (PRINT NAME) _____

Patient or Responsible Party Signature _____

Date _____