



Patient Financial Policy

Thank you for choosing Dr. Montanarella & Associates, PA. Our primary mission is to deliver the best and most comprehensive care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. This Financial Policy has been established to avoid any misunderstandings concerning payment for professional services.

Payment Options: We accept cash, checks, Visa, MasterCard, American Express, and Discover as payment.

Payments: Payment in full is expected at the time of service for copayments and self-pay balances. A \$5.00 statement fee will be added to your account for payments not provided at the time of service.

Insurance: Dr. Montanarella & Associates, PA participates with numerous health plans. Please check with your insurance before services are rendered to verify our office participates with your health insurance plan. We are happy to submit claims on your behalf but since your insurance is a contract between you and your health plan, you are ultimately responsible for payment. It is the patient's responsibility to provide us with the current insurance information and to bring their insurance card to each visit.

In addition to office fees, you may encounter fees from a hospital or outside laboratory. This will occur if you have a pap smear, biopsy(ies), culture, office procedures, or blood testing, etc.

Appointment Cancellations & No Show Appointments: We kindly request you notify our office within 24 hours of your appointment. If an appointment is missed or is not canceled within 24 hours of the scheduled appointment, fees will be assessed as follows:

- \$50 charge for a missed annual or medical appointment
- \$100 charge for a missed ultrasound appointment
- \$100 charge for a missed minor office procedure (IUD, Nexplanon, SHG)
- \$200 charge for a missed major office procedure (Novasure, Essure, Colpo, LEEP, Hysteroscopy)

If you have more than three last minute cancellations or missed appointments you may be discharged from our practice.

Returned Checks: A \$35.00 service charge will be applied to all returned checks.

Collection Fees: Balances over 120 days are subject to an outside collection effort, and the collection agency charges a 30% collection fee. I agree to reimburse Dr. Montanarella & Associates, PA the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs and expenses, including reasonable attorney's fees, we incur in such collection efforts.

By my signature below, I am stating that I have read and understand and will comply with this financial policy.

Patient Name (please print)

Date of Birth

Patient Signature

Date