PATIENT FINANCIAL POLICY

The Shea Clinic is a participating provider with many managed health care insurers to accommodate the needs of our patients.

We are committed to building a successful physician-patient relationship with you. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment of services is a part of the relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, phone number, insurance information, etc.).

Insurance Claims & Co-Pays
The patient must present an insurance card at each visit. All co-payments, co-insurance, deductibles and past due balances are due at the time of checkout. Insurance is a contract between you and your insurance company. Insurance programs have many individual requirements and the same insurance company may have different benefits based upon the employer group or individual policy.

If your insurance company has special requirements for your services, such as a special lab requirement, a limitation on the number of times a service can be performed, limitations on where outpatient services may be performed, or requirements for primary care referrals, you must advise our office of these provisions or you may be responsible for additional charges. The Shea Clinic makes every attempt to minimize your out-of-pocket costs by following any provisions of which you make us aware.

Although we may estimate what your insurance company will pay, the insurance company makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, it is your responsibility to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance.

Referrals and Prior Authorizations
If your insurance company requires a referral and/or prior authorization, you are responsible for obtaining it. Failure to obtain the referral and/or prior authorization may result in a lower or no payment from insurance, and the balance will be your responsibility.

Self-Pay Accounts
Self-Pay accounts are patients without insurance coverage or patients without any out-of-network benefits. Self-pay patients are required to pay a $500.00 deposit before services are rendered. All guarantors are required to provide proof of their social security number or provide the Shea Clinic with a $500.00 deposit before services are rendered.

Missed Appointments
The Shea Clinic requires a 24-hour notice of appointment cancellation. Appointments missed and are not previously cancelled may be charged a fee of $25.00 in which case this fee must be paid prior to scheduling additional appointments.

Returned Checks
The charge for a returned check is $40.00, payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a "cash-only" payment basis following any returned check.

Outstanding Balance Policy
It is our office policy that all past due accounts be sent two statements. In the event an account is turned over for collection, the person financially responsible for the account will be responsible for all collection costs, including attorney fees and court costs.

Medical Records Policy
The Shea Clinic will provide your medical records to a referred physician as a courtesy. Any other requests will require the prepayment of a $20.00 retrieval fee plus $.40 per copied page. This fee is subject to change without notice at any time.

Forms Completion Policy
Requests for the Shea Clinic, our physicians or members of our staff to complete forms will require the prepayment of a $20.00 retrieval fee plus $25.00 per page. This fee applies to all requests for the completion of any disability papers or consultation forms.

I accept and understand the Shea Clinic Financial Policy.

Guarantor Signature	Date
Printed Name of Guarantor	Witness