

FINANCIAL AND OFFICE POLICY NOTICE

Thank you for choosing HovaCare Clinic as your primary care provider. As one of our valued patients, we want to keep you informed of our office and financial policies. We require a signature to document that you have read and understand these policies.

Payment:

Payment is expected at the time of service. This includes co-payments, co-insurance, deductibles, and other fees for participating insurance companies or self pays. **Co-payments are due for EVERY VISIT** whether it is first visit, return visit or follow up of result. For your convenience, HovaCare Clinic accepts cash, personal checks, and credit card payments.

Returned Cheques:

There is a service charge of \$25 for returned checks. Another form of payment such as cash or certified cheque will be required in the original amount **PLUS** \$25. You may mail cheque to us but please **do not mail cash**. You may be asked to pay at the time of check in.

Outstanding balance:

Patients with an outstanding balance more than 90 days overdue must make arrangements for payment prior to scheduling appointments. You are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement.

Past Due Accounts:

If we have to turn your account over to collection, you will be charged 10% interest on the outstanding balance from the date your bill was due, and you will be responsible for all costs and expenses of collection including, but not limited to our reasonable attorneys' fees.

Insurance:

It is the patient's responsibility to provide us with current insurance information and to present an active insurance card at each visit. If your plan requires, especially **if you have HMO, you must name Dr.**Opeyemi Falebita as your primary care physician prior to your appointment otherwise you may be rescheduled.

Cancelled Appointments:

If you are unable to make your scheduled appointment, it is YOUR responsibility to call our office and reschedule or cancel. If you do not notify us at least 1 business day from your scheduled appointment time you will be billed \$25 for established patients, \$75 for new patients and returning patients that have not been seen in our office for over 2 years and up to \$300 if you miss a scheduled procedure.



FINANCIAL AND OFFICE POLICY NOTICE

Copies of Medical Record:

We will fax copies of your records at your request for your convenience. However, the following fee schedule will apply when you request **paper copies** of your medical record:

\$1 per page for the first 10 pages

\$.50 for pages 11-50

\$.25 for pages 51 and higher

Follow up Lab Result/X-Ray/CT scan/Ultrasound/Mammogram, e.t.c:

A follow up appointment will generally be made for you at the time of visit to follow up for your results. We do not give or discuss results over the phone. This allows for personalized review in case you need further treatment or test based on your results. We encourage you to come for your follow up as scheduled.

Chronic pain management

We do not perform chronic pain management, **do not prescribe narcotic pain medication**, do not prescribe any controlled pain medication, controlled muscle relaxants, controlled anxiety medications including benzodiazepines. If you need or are already on any of these medications, you will be referred to a specialist. We would not fill these medications pending specialist appointment. If you will need these services, kindly seek specialist appointment.

More Information

Please call if you have a question about your bill or our office policies. Most problems can be settled quickly and easily, and your call will prevent any misunderstandings. If you are having trouble paying your bill, please discuss the situation with us. Your health is more important to us and we will endeavor to reasonably accommodate you.