

OFFICE FINANCIAL POLICY

Thank you for selecting Dr. Gindi as your medical care provider. Dr Gindi is committed to the highest level of quality comprehensive health care. Please understand that payment for services is part of your treatment. Outlined below is our financial policy. Please read it carefully and sign below.

1. We are a traditional fee for service practice.
2. Payment in full is due at the time of service unless prior arrangements have been made with our office.
3. We accept cash, *checks, Visa or Mastercard

* There will be a \$20.00 charge on all returned checks

Dr. Gindi is not a participating provider with HMO's or PPO's. However, most PPO's and HMO POS plans will reimburse the insured for a percentage of the medical charges. It is your responsibility to contact your insurance company to determine the amount your insurance plan will reimburse you for services rendered by a non-participating provider.

As a courtesy we will bill your primary insurance carrier for you. Please provide us with your current medical insurance information and a copy of your effective insurance card. Reimbursement from your insurance company will be payable to you and mailed directly to you. We will do everything possible to make sure your insurance plan optimally reimburses you for services rendered.

Dr. Gindi is no longer a Medicare provider. Patients age 65 or older must sign a contract stating they understand Dr. Gindi has opted out of Medicare therefore Medicare cannot be billed for services rendered. All patient charges will be the responsibility of the patient.

We are requesting a minimum of 24 hour cancellation notice. There will be a charge of \$75 for missed appointments and \$150 for missed physical examinations and missed treadmill stress tests without 24 hours prior notification.

I, the undersigned, hereby agree to the office policy as stated above, and agree furthermore that in the event of default in the payment of any amount due, if this account is placed in the hands of an agency of attorney for collection or legal action, to pay an additional charge equal to the cost of collection, including agency and attorney fees and court costs incurred and permitted by laws governing these transactions.

I have read and agree to the financial policy stated above:

Print Name

Patient or Responsible Party Signature

Date