



PADDER HEALTH SERVICES

www.padderhealth.com

Financial Responsibility, Insurance, and Appointment Policy Acknowledgment

Patient Name: _____

Date of Birth: _____

Welcome to Padder Health Services, LLC. We are committed to providing high-quality medical care in a respectful and efficient environment. Please review the following policies carefully.

Financial Responsibility & Insurance Policy

- All patients are financially responsible for charges incurred for services rendered. Copayments, coinsurance, and deductible amounts are due at the time of service.
- As a courtesy, we will submit claims to your insurance carrier; however, you remain responsible for all charges not covered by your insurance. It is your responsibility to provide complete and accurate insurance information and obtain any required referrals **prior or at the time of your visit**. Failure to obtain a required referral may result in denial of coverage and full patient responsibility.
- Patients without insurance may discuss payment arrangements with our office. Accounts not paid in a timely manner may be referred to collections, and you may be responsible for reasonable collection costs, interest, attorney's fees, and court costs as permitted by law.

Appointment, No-Show, and Cancellation Policy

- Appointments must be canceled or rescheduled at least 24 hours in advance. A no-show or late cancellation may result in a **\$25 fee**, which must be paid prior to scheduling future appointments.
- Repeated no-shows, late cancellations, or frequent back-to-back cancellations (**three times within a calendar year**) may result in scheduling limitations or dismissal from the practice.

Acknowledgment & Agreement

By signing below, I acknowledge that I have read, understand, and agree to abide by the policies of Padder Health Services, LLC.

Patient's Signature or Guardian

Date

Please Print Patient Name