



STACY L. WANEKA, M.D., INC.

Diplomate, American Board of Family Medicine
Family & Travel Medicine

Our Financial Policy

1. Patients covered by insurance with whom the office contracts choose between two Practice Policy plans that subsidize comprehensive care in our office. These plans are explained separately. For these in-network accounts, you are responsible for your deductible, co-insurance, and/or co-payment. Your co-payment is due at the time of service. For **Medicare patients**: we accept Medicare assignment. If you have a secondary insurance carrier, a portion of your co-insurance or deductible may be covered but you are responsible for the balance. Keep in mind that your insurance policy is a contract between you and your insurance company. As a service to you, we will file your insurance claim. If your insurance company does not pay the doctor within the state mandated period, we will look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you.
2. For all out-of-network services provided by our office, payment is due in full at the time of service. If you are insured by a plan with which we do not have a contract, we will prepare and send the claim for you on an "unassigned" basis. This means that the insurer may send the payment directly to you. Therefore our charges for your care are due at the time of service.
3. No insurance plan covers all services. In the event your insurance plan determines a service to be "not covered," you will be responsible for the complete charge. Payment for such services is due upon receipt of a statement from our office. Your signature below constitutes an agreement to pay for such services.
4. Payment may be made in cash, check or credit card. There will be a charge of \$25.00 for all checks that are returned for insufficient funds (this charge is subject to change at the discretion of bank fees.)
5. We offer an optional credit card on file program. The card number kept on file would be used to help settle account balances, pay Financial Policy fees between visits, and prevent account late fees. If you wish to participate in this program, please fill out and sign the Credit Card Authorization form. All credit card information is stored securely and you will be notified prior to any office charges.
6. Accounts 60 days or older will be subject to a one-time late fee of \$25.00. Additionally, there will be a 10% interest charge on all accounts that are over 90 days. If it is necessary to assign your account to our collection agency, you will be responsible for any potential collection agency costs incurred.
7. The time set aside for your appointment is valuable. In consideration of the needs of the other patients in our practice and the time our staff invests in preparing for your appointment, we respectfully request that appointments be cancelled 24 hours in advance if you are unable to make your scheduled time. The fee for appointments that are missed without cancellation notice is \$25.00.
8. There is a \$25.00 fee for all email consultations that require diagnostic attention by the doctor or any surrogate provider. All non-diagnostic email communication to the office is subject to a \$10.00 fee. Patients enrolled in the Annual Fee Policy exempt.
9. A \$25.00 fee is charged for completion of medical forms completed by our office on your behalf outside of an office visit.
10. The fee for letters written by the doctor or any surrogate provider on your behalf varies by content and will be set prior to completion of any writing.
11. Telephone consultations may be available upon request but are rarely covered by any insurance plans and do result in standard office fees.



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12. There is no fee associated with transferring records directly to another treating physician. There is a \$25.00 fee for a copy of the first volume of records. An additional \$15.00 will be assessed for additional volumes or copying of outside records. Be advised there is a higher fee associated with accessing any medical records that have been sent to storage. If your records are in storage, there is a fee of \$36.00 for the first 25 pages and an additional \$25.00 for each additional 50 pages.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

We are happy to discuss with you any questions relating to the information above. This office is proud to serve your health needs.

Signature of Patient (or responsible party)

Date

Print Name