**CREDIT POLICY**

This letter is to inform you of the change in the credit policy for Family Care Center effective May 1, 2016.

1. You are responsible for payment of all medical treatment and related services provided by Bryan C Davis MD and/or Bryan K Dennett MD.
2. As a service and out of consideration to you, this office will file insurance claims for all covered services. As appropriate, based on our contractual provisions with your insurer, this office will accept your insurance company’s maximum allowable reimbursement. You will be responsible for any deductible and/or co-payment or co-insurance amounts and any non-covered services incurred at the time of service.
3. All accounts are considered due, after payment or denial from your insurance company is received. Payment arrangements may be made with the billing office but all balances must be paid within 90 days of date of service.
4. A finance charge on all balances greater than 60 days, with a minimum finance charge of $0.50 per month will be assessed.
5. A form fee of $10.00 will be charged for any forms left or faxed to our office to be completed by the doctors. This amount will be due upon picking up your forms or before we will fax them.
6. Cancellations of appointments and no-show appointments will be charged a fee of $50.00. Appointments must be canceled at least 24 hours prior to scheduled visit time. When you do not show up for a scheduled appointment, it creates an unused appointment slot that could have been used for another patient. If, for any reason, you need to cancel an appointment, please notify our office as soon as possible. After 3 consecutive no-show or last minute cancellations, the practice may elect to terminate our relationship with you.

This policy is valid from Jan. 1, 20\_\_\_\_\_\_ to Dec. 31, 20\_\_\_\_\_\_\_.

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Patient/Guarantor Signature Date