

## Office Fee Schedule and Financial Policy

**Fees** 

**Service** 

**Patient Signature** 

Self-Pay New Patient visit	\$200
Self-Pay Follow up visit	\$100
Self-Pay Initial Weight loss visit	\$160
Self-Pay Weight loss follow up visit	\$100
Travel Package for Out of the Country Patients	\$350 (Including initial labs and EKG)
<ul> <li>Financial Policy</li> <li>Patients without insurance: We request that 100% of the first visit be paid at time of service.</li> <li>Group or individual insurance: When possible, we will call to verify benefits on your insurance. However, benefits quoted to us by your insurance company are not a guarantee of payments. Payments will be due by your et the time of services for any non-covered services, deductible or so nave Payments are not a guarantee.</li> </ul>	
will be due by you at the time of service for any non-covered services, deductible or co pays. Remember, your agreement with your insurance company is between you and them. There may be times that you have to actively participate in getting your insurance company to pay. We will tell you on what you need to do, and it is up to you to follow through in getting issue resolved. We will assist in helping them contribute to your care but ultimately the responsibility is yours.	
• <b>Medicare:</b> We do accept assignment from Medicare. Medicare pays 80% of the allowance fee once your yearly deductible has been met. You are required to pay the deductible and the remaining 20% as well as any non-covered services.	
I have read and I understand the above policies. I have initialed the one that applied to me	

**Date**