

## FINANCIAL POLICY

Thank you for choosing DR. DIAMOND ODELL JUDE as your healthcare provider. We are committed to building a successful physician-patient relationship, and the success of your medical treatment and care. Your understanding of our Practice Financial Policy and payment for services are important parts of this relationship. For your convenience, this document discusses a few commonly asked financial policy questions. If you need further information or assistance about any of these policies, please ask to speak with our Practice Manager.

### **When are payments due?**

All copayments, deductibles, patient responsibility amounts, and past-due balances are due at the time of check-in unless previous arrangements have been made with our billing coordinator.

### **How may I pay?**

We accept payment by cash, check, VISA, Discover, American Express, and MasterCard. We do not accept post dated checks.

### **Will you bill my insurance?**

We will bill your primary insurance company on your behalf as a courtesy to you. To properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance, as well as any change of insurance information.

It is your responsibility to notify our office promptly of any patient information changes (i.e., address, name, insurance information) to facilitate appropriate billing for the services rendered to you. Failure to provide complete and accurate insurance information may result in the entire bill being categorized as a patient's responsibility.

Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

### **Which plans do you contract with?**

DIAMOND ODELL JUDE, MD, LLC accepts most major insurance plans. However, with the frequent changes that happen in the insurance marketplace, it is a good idea for you to contact your insurance company prior to your appointment and verify if we are a participating provider as per your plan.

### **What if my plan does not contract with you?**

If we are not a provider under your insurance plan, you will be responsible for payment in full at the time of service. As a courtesy, however, we will file your initial insurance claim, and if not paid within 45 days, you will be responsible for the total bill. After your insurance company has processed your claims, any amount remaining as a credit balance will be refunded to you.

**PAYMENT PLAN:** If you are unable to meet your financial obligations our staff will assist with formulating a payment plan.

**COLLECTIONS:** Delinquent fees over 90 days are subject to collection unless a payment plan with bi-weekly or monthly payments has been established.

Effective July 1, 2024

## **MISSED PATIENT APPOINTMENTS**

Effective July 1, 2024, if you are unable to make a scheduled appointment, please notify our office 24 hours in advance to avoid any missed appointment charges. There will be a charge of \$35 if there is a cancellation without a prior 24 hour notification for the first missed appointment. If there is a second missed appointment the fee will be increased to \$50, and a third will result in a \$75 fee. After the 3rd missed appointment, Dr. Jude will determine whether another appointment can be scheduled.

We understand that unexpected events or emergencies may occur and exceptions can be made upon discussion with our office to potentially waive a missed appointment fee.

There is a 15 minute grace period for your appointment, any arrivals after 15 minutes will be considered a missed appointment. When you miss an appointment it creates empty slots for our doctor which can be used to serve other patients. We hope you understand the importance of letting us know.

Our goal is to offer the best personalized quality healthcare for you.

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Printed Name

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Signature

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Date

**Effective July 1, 2024**

EFFECTIVE JANUARY 1, 2024

FMLA PAPERWORK AND  
SPECIALITY FORMS FEES

\$40.00

CASH ONLY



**Providing quality and personalized patient care.**