



DOCTALKER FAMILY MEDICINE FINANCIAL POLICIES

We would like to thank you for choosing DocTalker Family Medicine as your medical provider. DocTalker is a fee for service/ direct pay practice. Our practitioner services- including house calls, office visits, telephone calls, prescription refills and email or portal messages are billed by time, specifically in increments of 5 minutes, and are based on a \$400/hour rate. House call visits are subject to an arrival fee of \$100.00 and distance fee when applicable.

Day of Service

Payment will be due at the time of service. We do not participate with Medicare or any other insurance carriers. Our providers have opted-out of Medicare which means that no claims can be made to Medicare for our services. For non-Medicare insurances, you may be able to submit claims independently for reimbursement from your provider. We do not file insurance for any of our patients.

You may receive a statement from our office for any balance due. For your convenience we accept checks and credit cards. Payments are also accepted by phone.

Returned Checks

Returned checks are subject to a \$25 administrative fee.

Medical Records

We will provide you a copy of your medical records upon request for a \$25 administrative fee. You will need to sign a letter of release prior to having them copied.

Billing

If you receive a bill from us, it is because we believe the balance is your responsibility. Please contact our Billings, Operations and Patient Communications Manager if you think there is an error. If you cannot pay your entire balance, please call to make payment arrangements.

Collections

Accounts that are not paid within 90 days begins our in house collections process. This will incur a \$50 administrative fee at that time. If your balance becomes 180 days old, your doctor will be notified and you may be subject to dismissal from the practice. Any further medical care or prescription refills will not be provided until payment is made in full.

Acknowledgement

I acknowledge that I have received and read a copy of the DocTalker Family Medicine Financials Policies. I understand these policies and agree to policies as stated.

Signature/Patient or Guardian

Date

Print Patient/Guardian Name

(must have Adobe Reader)
or send to info@doctalker.com