



WICHITA DIABETES & ENDOCRINOLOGY, LLC FINANCIAL POLICY

Thank you for choosing Wichita Diabetes & Endocrinology, LLC (WDE) for your medical needs. Please understand that management of your billing is important to ensure that we can continue to take care of your health care needs. This Financial Policy is designed to explain our billing practices.

WDE participates in most insurance plans and we will submit claims to these companies on your behalf. Each plan is different, so please check with your insurance carrier if you have specific payment or coverage questions and especially if you need a referral to access our services. There is usually a phone number for customer service located on the back of your insurance card.

Please bring and present your insurance card at every visit. To provide appropriate credit to you, we also ask that you give us your social security number and present a photo ID. Your insurance carrier requires that we collect co-payments prior to your visit. If you do not have your co-payment at the time of service, you will be required to reschedule your appointment.

If you do not have medical insurance WDE accepts self-pay patients. Payment is due at the time of service. Please contact our business office prior to your first visit to determine your anticipated financial responsibility.

Your insurance company determines what amount, if any, you owe WDE based on the services performed. Once we have filed your visit with your insurance company, we will send you a detailed statement which is due upon receipt. We accept cash, check, money orders and most major credit cards. Returned checks will result in an additional \$35.00 fee. You will not receive mailed statements for balances less than \$10. **All outstanding personal financial balances must be paid in full prior to being seen again in our office for continuing medical care.**

If you would like to request a payment plan with payments to be billed to your credit card, upon receipt of your first statement, please contact our business office to discuss.

It is important to note that any balance over 90 days old may be placed with a collection agency and/or Credit Bureau. This action may affect your credit rating. If your account is placed with an outside agency, you will be charged the full amount of collection fees, attorney fees and allowable court costs.

Please note that placement of your account with an outside agency will cause us to terminate your care with our office. We will make every effort to resolve insurance issues, but please remember that you are ultimately responsible for your healthcare costs.

Please feel free to call us at any time with questions (316)330-3636. Thank you for choosing WDE!

By my signature, I acknowledge that I have read, understand, and agree to the financial policy of Wichita Diabetes & Endocrinology, LLC.

Patient Name (Printed): _____ DOB: _____

Signature: _____ Date: _____