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Self-Pay Patient Policy

Policy: In order to make our services accessible to patients lacking health care coverage, we offer a significant discount for **self pay patients**. We will identify patients **without insurance coverage** and consistently apply a method of billing, discounting, and collecting from the uninsured in the community. Patients without insurance coverage are not required to apply for the self-pay discount in order to obtain treatment at our clinic.

Procedure:

- Self-Pay patients will be identified when they make the initial contact with the office.

A Self-Pay Patient is defined as a patient who

- (i) has no health insurance coverage of any kind, including federal and state health care programs such as Medicare and Medicaid or other insurance coverage such as insurance provided by a school, AFLAC, or homeowner's policy;**
- (ii) does not claim third party liability for the patient's health care treatment;**
- (iii) is not eligible for worker's compensation coverage; and**
- (iv) has no other responsible party covering the expenses associated with the care received from our clinic.**

- If a patient claims to have public or private health insurance coverage but is not able to produce verifiable insurance identification, or if the patient has a "high deductible" insurance plan, or if the insurance information provided is for a commercial insurance plan in which our clinic does not participate, **he or she will not be designated as an eligible Self-Pay patient.**

- Self-pay patients will be required to pay a **\$200.00 deposit** for their visit, at time of check in. If additional charges, such as labs and x-ray, are incurred a 40% discount will be assessed to the patient balance. If the balance is not paid in full, arrangements must be made with our Business Office. Self-Pay patients are required to make regular payments and **will forfeit the Self-Pay discount if they fail to make all required payments due under the Payment Plan.**

- **If Self-Pay patients are on a Payment Plan and fail to make a payment for more than two (2) consecutive scheduled payments then the Self-Pay Discount will be forfeited and the patient will be obligated and required to pay the full charges.**

Payment Plan:

Date	Payment Amount
	\$
	\$
	\$
Total	\$

Print Patient's Name: _____

Signed: _____ Date: _____