



FINANCIAL POLICY

updated 12/11/2020

We would like to thank you for choosing Dr. Sharkey for your care. Dr. Sharkey participates with most major health plans and government agencies and assumes assignment of all benefits. Our billing office will submit claims for services rendered and will assist you in any way we reasonably can to help get your claims paid. However, often your insurance company may need you to supply certain information. It is your responsibility to comply with their request. Medical services that are non-covered or out-of-network, will be your financial responsibility. Should you experience a coverage change please notify us at your next scheduled visit. If you are being seen at the request of your primary care physician and your primary care physician changes, please notify us at your next scheduled visit.

Your insurance company requires us to collect co-pays at time of service. We accept cash, checks, debit card and most major credit cards. Additionally, most insurance plans now have deductibles and co-insurance amounts due. Any outstanding balance on your account will be billed to you and due upon receipt of our statement. Statements are mailed to you monthly. If you are presenting with a workers compensation injury, auto accident or other third party liability claim, you will be asked for the name of the insurance company, claims mailing address, insurance adjuster, and date of injury and authorization for services.

If you need to cancel or reschedule your appointment, please contact us at least twenty-four hours in advance. You will be charged \$25 for a missed/no show appointment and \$50 for a missed/no show New Patient, Physical, or OMM appointment. We do keep a waiting list for patients and this allows us to offer someone else your appointment time. Rescheduling no show/missed appointments is done at the discretion of the doctor.

For our patients under the age of 18, if the child is arriving at the office with an adult who is not the parent, please remember that co-pays are due and make arrangements for this payment. You may call the office with payment or send payment directly with the child. It is the policy of the practice to treat all patients in an equitable fashion related to account balances. The practice will not waive or fail to collect co-payments, co-insurances, deductibles or other financial responsibility in accordance with state and/or federal law and participating agreements with payers. Please let us know if you are having difficulty paying an amount due. We may be able to help you set up a payment plan.

A patient with a delinquent balance may be required to pay before ongoing services are rendered. Any amount in excess of 60 days past due is considered delinquent. An amount owed over 90 days past due may be referred to a collection agency.

I have read and understand the payment policy above and agree to abide by its guidelines:

Signature of Patient / Guarantor

Date

Print Name of Patient and / or Guarantor

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