

# INDIAN RIVER PRIMARY CARE

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## PAYMENT POLICY

Please read the following payment policies before your 1<sup>st</sup> appointment

Our office files your insurance as a courtesy. If your Doctor is an In-Network provider for your insurance, your co-pay must be paid at the time of service. All deductibles are due at the time of your visit. If we are not a provider for your insurance, payment in full is expected at the time of service per our Deductible, Self-Pay, and Co-Pay Policy concerning credit worthiness.

Please note: Each insurance policy is different. It is your responsibility to know your policy. If pre-authorization is needed, then it is your responsibility to notify our staff so we may obtain authorization. Remember: Your insurance policy is a contract between you and your insurance company. It is not a contract between you and our Doctors.

Patient balances are expected to be paid in full. We do not have payment plans for outstanding balances. Partial balance payments through the mail will not be accepted. If you have any questions or are not prepared to pay for your appointment, please notify one of our staff prior to your appointment. If you are unable to pay for residual balances from previous dates of services, you may be asked to reschedule your appointment.

There is a \$25.00 fee for missed appointments, unless a 24-hour notice is given. There is a \$25.00 fee for NSF (returned) checks.

All credits on your account are to be held without payment. If the credit is less than \$50.00, it will be applied to your next visit. We will send you a check for all outstanding credits, if we receive in writing that you are no longer going to be seen in our office.

Please note: We do not participate with any HMO plans. The following is a list of insurance companies we may be considered as participating providers. Please note that it is ultimately your responsibility to confirm with your insurance company your physicians In Network status.

AvMed Blue Cross Blue Shield PPO/Blue Options Cigna HealthFirst	Medicare United HealthCare ( PPO only, No Health Care Exchange Plans )
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By signing this document, I am stating that I have read and understand the above information, and by simultaneously using my credit card I am allowing Indian River Primary Care to debit that card for future invoices. If your bill is sent to our collection agency ( First Financial Credit Control ) for payment, you are responsible for any legal fees necessary for collections. By signing below you also acknowledge that we do not accept Medicaid. Therefore all balances that are attributable to Medicaid will need to be paid by you (essentially a self-pay status).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date