



MIDDLETOWN VALLEY FAMILY MEDICINE, P.A.
J. ELMER HARP MEDICAL CENTER

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Tel: (301) 371-9000
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FINANCIAL POLICY

Basic Policy: Payment for service is due in full at the time service is provided. For your convenience we accept cash, check, Visa, Mastercard, and Discover.

Patients with Insurance: We bill most insurance carriers for you, if proper paperwork is provided to us. Any co-payments required by an insurance company must be paid at the time of service. Failure to pay at time of service will result in a billing penalty charge of \$10.00 per missed co-payment.

Personal Injury/ Worker's Compensation Cases: Please notify our office if you are being treated for an automobile accident or worker's compensation related injuries. We will need the case number, carrier name, and claim address prior to your visit so that we may bill the insurance company. If the information is not provided at the time services are provided, payment in full will be required by you.

Returned Check: Any checks returned from your bank unpaid will be assessed a fee of \$25.00 plus the amount the check was written for. We may decide at any time after receiving a returned check from your bank to decline acceptance of any further checks written by you.

Billing Surcharge: For all accounts past 30 days due, we will charge a rebilling fee of \$5.00 per month.

Cancelled appointment fee: We reserve the right to charge a fee for appointments broken or cancelled without advanced notice during regular business hours.

You will be charged as follows:

A regular appointment with a primary care physician without a two hour notice - \$25.00

A complete physical without a two hour notice - \$100.00

A regular appointment with Dr.A. Hohl, our endocrinologist, without a 48 hour notice - \$50.00

A consultation appointment with Dr. A. Hohl without a 48 hour notice - \$100.00

An appointment with Dr. A. Hohl that is not kept - \$100.00

Miscellaneous Charges: We may charge for any correspondence that is processed by the physician. This includes forms, paperwork, and letters.

Payments: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid within thirty days.

Past due accounts: If your balance becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs that are incurred.

Patient Name _____

Patient/Guarantor Signature _____ Date _____