

Craig M. Rundbaken, D.O., PLLC

## **Patient Financial Responsibility**

**Dr. Rundbaken's office accepts cash, personal checks, Visa, Master Card and Discover as forms of payment. (We will charge a \$25.00 return check fee on any personal checks returned).**

**Insurance Co-Payments: Must be paid at the time of service.**

**Deductibles/Co-Insurance: If your insurance has deductibles and co-insurance this will be patient responsibility.**

**Private Pay/Non Contracted Insurance: If you do not have insurance or have an insurance plan we do not contract with you will be responsible for payment in full at the time of service.**

**Referrals: Please remember that it is the patient's responsibility to know their insurance benefits and if a referral is needed to see Dr. Rundbaken the patient is responsible for getting the referral from their Primary Care Physician.**

**Collection Policy: If your account is placed with a collection agency, this is an automatic discharge from the practice and no further appointments will be scheduled.**

**No Show Appointments: There will be a \$25.00 fee charged to you for all no-show appointments. If you have a PFT (pulmonary function test) scheduled with your appointment the fee will be \$50.00. Please call 24 hours in advance if you cannot make the appointment.**

**It is very important to stay informed about your insurance coverage. If you have a new insurance, it is your responsibility to provide us with an updated card. You will be held responsible for the total amount of any unpaid claims/denials for incorrect insurance information.**

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Signature of patient/guarantor

Print name of patient/guarantor

Date