

# *Whitesburg Family Medicine*

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## **Financial Policies**

We are honored that you chose Whitesburg Family Medicine as your health care home. We hope to provide you with a comfortable, relaxing, and up-to-date medical experience. Feel free to contact us with any questions.

1. **Insurance:** Please be aware that knowing your insurance contract is your responsibility. This includes knowing which labs, hospitals, and other providers your insurance covers. Please contact your insurance company for any questions about what services are covered by your plan.
2. **Proof of Insurance:** Please bring your current driver's license and insurance card to each appointment for insurance verification. Delays in verification of insurance may make you responsible for any payment in full.
3. **Co-payments:** All co-payments are due at the time of service. These will be collected prior to seeing the physician. If you are required to pay a deductible we will collect \$75.00 at the time of service. Any outstanding balance on your account, after adjusting for all of your insurance's responsibilities, will be billed to you. If you are unable to pay your co-payment or deductible at the time of your service a billing fee of \$10.00 will be billed to your account.
4. **Missed Appointments:** Our policy is to charge \$25.00 for missed appointments not canceled within 24 hours of the appointment time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment time. Multiple missed appointments may unfortunately result in you and your immediate family being dismissed from the practice. If this occurs you will be notified by certified mail, and will have 30 days to find another provider. During that time we will provide emergent services only.
5. **Late Arrivals:** A patient who arrives more than 5 minutes after his/her appointment is considered a late arrival. We will attempt to work you into the schedule as soon as possible, but you may be asked to reschedule your appointment. If the patient is more than 15 minutes late, the appointment will be rescheduled.
6. **Non-covered services:** On occasion a service may not be deemed necessary or reasonable by your insurance program. Please be aware that payments for these services are due at the time of service.
7. **Insurance Problems:** Your insurance policy is a contract between you and the insurance company. Any remaining balances are your responsibility, whether or not they are paid by your insurance. Medical services that are considered by your insurance company to be non-covered,

out-of-network, or not medically necessary will be your responsibility. Any questions or problems with your insurance should be directed to your individual insurance company.

8. Late payments/non-payment: If an account balance is over 30 days past due, a late fee of \$15 will be applied. If said account balance becomes over 60 days past due, an additional \$15 late fee will be applied. Any balances after 90 days will have another \$15 late charge added, and additionally may be referred to a collection agency. Unfortunately, this may result in you and your immediate family being dismissed from the practice. If this occurs you will be notified by certified mail, and will have 30 days to find another provider. During that time we will provide emergent services only.

9. Returned checks: There is a \$25.00 charge for returned checks.

Please let us know if you are having difficulty paying your account. We may be able to help you by setting up a payment plan based on your financial hardship. Call (256) 327-0888 for assistance.