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FINANCIAL/APPOINTMENT POLICY

We are dedicated to providing you with the best possible care, service and regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff.

- Patients are expected to cancel appointments at least 48 hours in advance. A \$50.00 fee will be charged to your account if you “no show” for an appointment or if you fail to notify us 48 hours in advance when canceling an appointment. You have a fifteen (15) minute grace period before you are considered a “no show” for your appointment.
- All co-payment amounts are due at the time that the service is rendered. For your convenience, we accept cash, check, money orders, and credit cards. This policy applies to all of our patients.
- Payment is expected at the time service is rendered. Outstanding balances must be paid in full prior to each subsequent encounter, unless other arrangements have been made.
- Patients are responsible for their deductibles or charges not reimbursed by insurance and you will be asked to pay these on the date the service is rendered. As a courtesy, we will automatically file your insurance claims; therefore, we request a copy of your insurance card at the time of each visit to ensure that we have updated information.
- Patients that have health insurance will be expected to contact their insurance carrier for an explanation of why your payments may have been delayed or not made. Please understand that insurance policies are a contract between your insurance carrier, and you are ultimately responsible for your bill. If you have difficulty paying your account, please contact our Office Manager to make payment arrangements.
- The Endocrine Clinic, P.C. sends out statements for patients that have personal balances (amounts remaining after your insurance company has processed your claim). If your account is not paid within 30 days after receiving a statement, it will be considered past due and you will be responsible for the finance/administrative fees until the balance is paid in full. There are no exceptions.
- If your account is turned over to a collection agency, any charges accrued in this process will be your responsibility and will be added to your balance.
- There are no exceptions. I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice. I authorize the release of any medical information necessary to process my insurance claims.
- There is a \$35.00 “NSF” Fee for any returned checks.

Signature of Patient or Responsible Party

Date