



Broderman Internal Medicine Associates
2325 Heritage Center Drive, Suite 116
Furlong PA 18925
(P) 215.794.2462 (F) 215.794.8496

Financial Policy

Broderman Internal Medicine Associates is committed to providing you the highest level of medical care and patient support. In order to achieve your clinical goals, it is important for you or your guardian to understand the practice financial policy as well as your financial responsibility for your medical care.

Patient/Parent/Guardian Responsibility for Insured Patients

- Patients need to know their plan benefits to include: copays, coinsurance and deductibles
- Patients need to provide a copy of their current insurance card at all office visits
- Patients need to provide all personal and employer contact information
- Copays are expected to be paid in full at each office visit: Cash, check or credit card
- A balance due statement will be sent once the insurance benefit has been processed
- Payment in full is expected upon receipt of each statement
- A \$25.00 fee will be charged for all/any returned checks
- A \$15.00 fee will be charged for any delinquent account > 30 days

Practice Policy for Missed/Canceled Appointments

- The practice requires 24 hour notice to reschedule or cancel an appointment. The patient/parent/guardian will incur a \$30.00 charge for any missed appointments or appointments not canceled with 24 hours' notice

Patient Forms Processing Requests

- The practice requires 48 hours' notice to complete any patient forms
- There is a \$25 charge for any form request completed without a scheduled appointment

I have read, understand and agree to the above financial policy.

Patient/Parent/Guardian Signature

Date

Printed Name