



**DR. RUSSELL W. FARIA, DO, PC**  
**FAMILY PRACTICE**

**BASIC CREDIT POLICY:**

Payments for services are due at the time service is rendered unless payment arrangements have been made in advance. Payment can be made by Cash, Visa/MC and Debit Card.

**If your deductible obligation has not been met, payment will be collected at the time of your appointment.**

Payment will be waived only if we are able to verify your insurance coverage and deductible status. You must present us with your insurance card and all necessary information required for verification. Without a valid copy of your insurance card, all charges must be paid at time of service. We will not bill your insurance co. without a copy of your card on file.

**NEW PATIENTS:**

If your insurance is verified and your deductible status met, any required Co-payment will be collected at the time of your appointment.

Unless other arrangements are made, full payment of outstanding balance is required by the due date. Statements for any outstanding account balances are issued monthly. As a courtesy we do not charge interest on outstanding balances, but we are extending credit and as a condition of extending credit we do require your Social Security Number (SSN) be on file with us.

**INSURANCE:**

Please bring your current insurance identification card to each appointment. Please inform us immediately of any changes in insurance, as well as changes of address, telephone number, or employer.

We participate with:

**Aetna**

**First Choice (PENDING)**

**LifeWise**

**Cigna**

**Tricare/Triwest**

**Medicare Railroad**

**Great West**

**PacifiCare**

**Premera BS**

**Medicare B**

**Regence**

**United Healthcare**

If your insurance company is other than one listed above, you will be responsible for all non-covered services.

**Your insurance coverage is a contract between you and your insurance company. You are responsible for all charges and payments to your account. As a service to our patients, we will submit the initial bill to most insurance companies. Not all insurance plans pay the same benefits or apply the same deductible, thus there may be a balance due after your insurance has paid.**

**CREDIT ARRANGEMENTS:**

We recognize that circumstances may sometimes prevent you from paying your account in full by the date due. When this occurs, we are willing to arrange for monthly payments. Please contact our office manager at 253-639-1883 immediately if you feel this type of arrangement is required.

**RETURNED CHECKS:**

A **\$30.00** fee will be charged to your account for any check, which is returned due to insufficient funds.

**REBILLING FEE:**

**A \$10.00 re-billing fee will be charged for all balances over 30 days. The re-billing fee will be assessed monthly until the account is made current. Past Due accounts are subject to collection assignment and any associated fees.**

Please let us know if you have any questions concerning these policies. We will be happy to help you in any way we can.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Rev 09/08 I have read and understand this credit policy.