



Functional and Integrative Medicine of McCall  
Gail Eberharter Rankin, MD

PAYMENT AND FINANCIAL POLICIES

Please read and sign the following policies of my office regarding financial matters:

1. I require payment at the time of service for all copays, cash appointments and account balances.
2. If you have insurance that I am in network with, I will submit a claim to your insurance company after your appointment. Once your insurance claim has processed, your ledger will reflect any account balance.
3. It is your responsibility to have a current address and phone number on file with my office to receive statements.
4. You will receive a monthly statement reflecting any balance on your account. Any balances owed must be paid within 30 days or interest will accrue on the entire balance every 30 days.
5. If your account is 60 days past due, you will be sent a letter warning you of your delinquent account. If your account balance is not paid in full by the date specified in the letter, your account will be turned over to a collections agency and you will not be able to make any further appointments. You will no longer be a patient at my office.
6. I recommend that you keep and learn to read the explanation of benefits (EOB) you receive from your insurance company regarding your medical claims payments. If you have any questions about your statement or your EOB, I will be happy to help.
7. If you are paying through a Health Savings Account (HSA) or Flex Spending, payment is still due at the time of the appointment. When I take your payment I can give you a receipt to send to your HSA or Flex Spending to seek

reimbursement. I am able to run most HSA debit cards in my office.

#### OTHER FEES AND POLICIES

1. There is a \$50 no show fee for missing an appointment without 24 hours notice. This cannot be billed to your insurance. This is not applied if there is an emergency or acute illness that day. If this is a recurrent problem I may decline to schedule further appointments.
2. If you need a copy of your entire record there is a minimum \$25.00 charge. I do not charge to send labs or recent notes to other practitioners. Please allow 30 days to copy an entire chart.
3. There is an additional \$25.00 charge for all returned checks.

#### FINANCIAL RESPONSIBILITY

I understand that I am financially responsible for the payment of medical charges incurred on my behalf with Gail Eberharter Rankin, MD at Functional and Integrative Medicine of McCall regardless of third party coverage.

I have read and understand this policy.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Signature (if under 18)

\_\_\_\_\_  
Date

Revised 3/8/18