



636-534-1466
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Gpendodiabetes@gmail.com
Gpendodiabetes.com
15421 Clayton Road Suite 202 Ballwin MD 63011

A current insurance card must be presented at every appointment. We will file a claim for all insurance companies we are contracted with. We only accept contractual write offs if we are contacted with the patient's specific insurance company. Remember that your insurance policy is a contract between you and your insurance company. The patient is responsible for any non-covered charges and should always be familiar with their insurance benefits. **If you have any question, please inquire, we will be happy to answer question prior to your appointment.**

Copayments are due at the time of service. This is an agreement between you and your insurance company. We accept Cash, credit Card or money order. To help manage patient balances as well as make payment more convenient for you Great Plains Endocrinology & Diabetes care requires each of our patients/legal guardians maintain a credit (or debit) card on file with our office.

Any service determined to not be covered by your plan will be your responsibility. Your insurance may require a specific lab be used. If you do not have Insurance and want to have consultation for self-pay, Payment is expected at the time of service for all charges. **A 30% discount will be applied for self-pay patient if full payment done on day of same day.** We also provide 3 instalments for easy payment if needed.

There is a \$50 charge for missed appointments. Appointments should be cancelled at least **24 business hours** in advance, or by 2:30 pm on Friday, so another patient can utilize the appointment time. If there is not 24-hour notice given, there will be a missed appointment charged to your account.

There is processing fee of **\$.50 per page for copies of medical records.** This fee will be waived if records are sent directly to another physician's office. It can take up to 2 weeks to process a medical records request.

I have read and understand Great Plains Endocrinology & Diabetes care llc's entire financial policy as stated above and I agree to its terms.

I hereby authorize my insurance benefits be paid directly to Great Plains Endocrinology & Diabetes care llc's , realizing I am responsible to pay all non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers and/or specialists referred by the physicians.

Signature of responsible party (in accordance with DESI financial policy)

Date

Printed Name