



Patrick J. Naples, M.D.
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FINANCIAL POLICY

Dear Patient:

It is our hope that you understand that our credit and collection policies are a necessary part of assuring the financial resources required to maintain this vital health care service for all of our patients.

If you have health insurance, it should be understood that this is an agreement between you and your insurance company. Your doctor's bill is an agreement between you and your doctor. Your co-payment, as required by your insurance company, or full payment for services would be appreciated on the day of your appointment.

To be of further service to you, we will submit your charges to your insurance company for you, however, you must present your current insurance care and COMPLETE information to the receptionist at every office visit. In all instances we will request that the insurance payment be sent to us. Refunds to you or your insurance company will be made when appropriate. It has been our experience that submission of one claim is usually sufficient to generate payment. Please do not request we resubmit a claim until you have contacted your insurance company regarding the claim status.

It is your responsibility to be familiar with your insurance policy and what it covers. **PLEASE LET US KNOW WHEN YOU MAKE YOUR APPOINTMENT IF YOUR INSURANCE POLICY REQUIRES SPECIAL HANDLING OF YOUR LAB SPECIMENS.** Failure to do so will result in your full responsibility for payment of services.

Charges for your medical care may involve billing from the hospital or an outside laboratory in addition to our office charge (such as for pap smear pathology, blood work, etc.)

If unusual circumstances should make it impossible for you to meet our credit terms, or if you have questions about your account, please notify the billing department at the Medina office. Accounts over 120 days are referred to an outside agency for collection, which could affect your credit rating.

Should you have Medicaid coverage, it is your responsibility to inform us and present your card to the receptionist prior to every office visit.

Thank you for your cooperation!

I have read and understand the above financial policy.

Signed: _____ Date: _____

Witness: _____