

PATIENT PAYMENT POLICY

**Jeffrey M. Blake, M.D., Inc.
141 W. 22nd Street, Suite 309
Anderson, IN 46016
765-646-8569**

Dear Patient,

Thank you for allowing us to serve you and to provide your medical care. Please review the following patient payment policy so that we can serve you and our other patients better.

- Co-pays are required at your visit, as mandated by most insurance contracts.
- For your convenience, we accept cash, check (made payable to *Jeffrey M. Blake, M.D., Inc.*), credit/debit cards (Visa, MasterCard, Discover, AmExpress). We also partner with CareCredit, a healthcare financing option (www.carecredit.com).
- Please understand that we are providing a service to our patients by submitting claims to insurance companies. In the event that we are unable to arrange payment from your insurance company, we may request payment directly from you. You may then contact your insurance company for repayment.
- Payment in full is expected upon receipt of your statement. If you are unable to pay your balance, please contact our office to arrange a payment plan.
- Once you receive your statement, a \$10 billing fee will be added for each month that a payment is not made, unless other arrangements have been made.
- Missed appointments (less than 24 hour notice of cancellation) will incur a \$25 fee. For urodynamic testing and diet consults, we require 48 hours' notice of cancellation and the missed appointment fee is \$50 due to the resources required.
- If, after 90 days, payment-in-full has not been received or a payment agreement signed, then your account will be forwarded for collection, with additional collection fees added.

Thank you for your understanding and cooperation.

Jeffrey M. Blake, M.D. and Staff