**John Boston D.O. & Associates**

**Internal Medicine**

**950 E. Bogard Rd., Ste. 228 Wasilla, AK 99654**

**Phone (907) 376-8938 Fax (907) 376-8939**

Financial Policies

Please read and initial the following:

* If proof of insurance is not provided a prepayment of $100 will be required.\_\_\_\_\_
* All co-pays and deductibles are due at time of service.\_\_\_\_\_
* Medical insurance is a contract between you and your insurance company. We use the EOB’s that are provided to us from your insurance carrier, and will not become involved in disputes between you and them.\_\_\_\_\_
* Please be advised that if you are here for a preventative visit/physical and have health problems you want to discuss with your provider during your well visit, this could result in additional charges which may or may not be covered by your insurance. For clarification please see the front desk.\_\_\_\_\_
* For any balances over 60 days, the account will be placed on hold meaning no refills or appointments until the balance is either paid in full or a payment arrangement has been made.\_\_\_\_\_
* Any balances over 90 days will be sent to Transworld Collection Agency. These accounts will also be reviewed for termination from the office.\_\_\_\_\_
* We do offer automatic monthly payments. Please talk to our billing personnel for more details.\_\_\_\_\_
* Statements are not generated for an amount due of less than $9.00. Please watch your insurance explanation of benefits to see if you owe a balance.\_\_\_\_\_
* Please be aware that you may receive a separate bill from an outside lab (Quest Diagnostics or hospital) for specialized lab tests.\_\_\_\_\_
* We are in network with Blue Cross Blue Shield, Aetna, EBMS, Medicare, and Medicaid. Please be aware that for all other insurances, claims will be processed out of network.\_\_\_\_\_
* It is important to clarify the reason for your visit. Please do this at the time of your visit as it is our policy to not change a diagnosis code after the visit.\_\_\_\_\_
* We will bill out all services to your insurance carrier. Please be aware that whatever is not covered will be your responsibility.\_\_\_\_\_