



Financial Policies

Thank you for choosing Rachel O'Mara, MD, LLC as your health care provider. We are committed to providing the best possible care. Please understand that management of your billing is important in ensuring that we can continue to take care of your health care needs.

- As a service to you, our office will bill your insurance for services provided to you if you can provide proof of eligibility for that date of service, such as a valid insurance card with contact information. You are responsible for any amounts not covered by your plan (including co-payments, deductibles, coinsurance and non-covered services.)
- Co-pays and any past due balance are due and payable at the time of check in. We accept credit cards, cash, or checks. You may be asked to present your insurance card at each visit.
- Membership fee is required to remain a patient and covers any personalized services not covered by insurance.
- Membership fees must be paid in full at the start of the contract. However, if necessary payment plans may be arranged.
- Memberships will automatically renew each year, unless a written termination is received prior to your auto-renewal.
- A valid credit or debit card must be kept on file.
- For your convenience, Rachel O'Mara, MD, LLC will charge the card on file for patient balances less than \$10 unless requested otherwise by patient.
- If a balance has been past due for 90 or more days, Rachel O'Mara, MD, LLC will charge the card on file the past due amount.
- Please be aware that some services provided may be not be covered under your insurance policy. It is your responsibility to be aware of your policy restrictions and guidelines. We will do our best to assist you in identifying the appropriate information. We will not enter into a dispute with an insurance company, but we can assist you if you are having difficulties.
- Please help us better serve you and our other patients by keeping all scheduled appointments. If you must change an appointment, please do so within 24 hours of the appointment time.

I certify that I have read and understand the Financial Policies and agree to all terms and conditions as stated above.